



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
Medicaid Caseload
FY 2022-23 Budget Request

November 2021

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MEDICAID CASELOAD

INTRODUCTION

Biannually, the Department submits its estimated funding need for the Medical Services Premiums line item. The first step in generating the November and February submissions is to project the Medicaid caseload. Medicaid caseload does not represent the number of uninsured individuals in Colorado, nor does it represent the number of Colorado residents living in poverty. Caseload figures only represent individuals that the Department expects will enroll in Medicaid because they meet specific eligibility requirements in one of three groups: 1) Families, Pregnant Women, and Children; 2) Aged and Disabled; or 3) Other.

Federal Medicaid statute defines over 50 groups of individuals that may qualify for Medicaid. Some groups are mandatory while others are optional, and each state decides which of the optional groups it will cover. From the inception of Medicaid in 1965 (Public Law 89-97) to the 1980s, the program was targeted at low-income families, the elderly, and individuals with disabilities. During the 1980s, Medicaid expanded to include pregnant women and children with greater income levels, as well as some optional elderly and disabled groups. In 2000, Medicaid coverage was extended to women with breast and cervical cancer. From the 1990s to the present, other Medicaid categories have been added through State-initiated waivers. All eligibility categories have specific income limits, and some have additional criteria such as age, resources, or disability status. For budgetary purposes, the Department groups together clients with similar characteristics and costs. For example, clients grouped in the MAGI Eligible Children category have similar characteristics and costs but might have gained Medicaid eligibility through different criteria. Since each category of eligibility is affected by unique factors, the Department projects each category separately. Projecting an aggregate caseload would be easier, but less precise.

Historic caseload data are used in conjunction with economic data to project caseload in each category. To make a projection, the Department uses several different statistical techniques (as described in the Forecast Models section) and chooses the projection that best fits the data. After projections are chosen for each category, the Department presents its recommendations to the Office of State Planning and Budgeting (OSPB). The Department then meets with OSPB and the two agencies agree on an Executive caseload proposal. It is important to note that the methodology the Department used to generate its projections is not wholly reflected by the Executive caseload proposal presented in this document, since those figures are often the result of compromises with OSPB.

In 2003, the process of projecting the Medicaid caseload was drastically affected by SB 03-196, which mandated that the Department transition from accrual to cash-based accounting. From that point forward, caseload numbers no longer incorporated retroactivity. Retroactivity caused historical adjustments to caseload to account for clients who were found to be eligible for Medicaid for past months, thus increasing the count of persons eligible for Medicaid. Since most clients are eligible back to the date of their application, retroactivity adjustments assured that all months were accounted for. However, this caused variability in the caseload reports, as monthly caseload was adjusted for months, even years, after the month had ended. It also required special manually run reports to make these adjustments. Under the cash accounting system, a monthly caseload report is created from the Medicaid Management Information System (MMIS) and that caseload is considered final.

In addition to estimating the funding need for the Medical Services Premiums line item, Medicaid caseload is used to determine the funding need for the Medicaid Behavioral Health Community Programs. Comprehensive behavioral health services are available to eligible Medicaid clients. Thus, the Medicaid Behavioral Health caseload is the Medicaid caseload less Partial Dual Eligibles and Non-Citizens-Emergency Services, which are not eligible for full Medicaid benefits. Table 1 below displays a comparison of historical caseloads in Medicaid Medical Services Premiums and Behavioral Health.

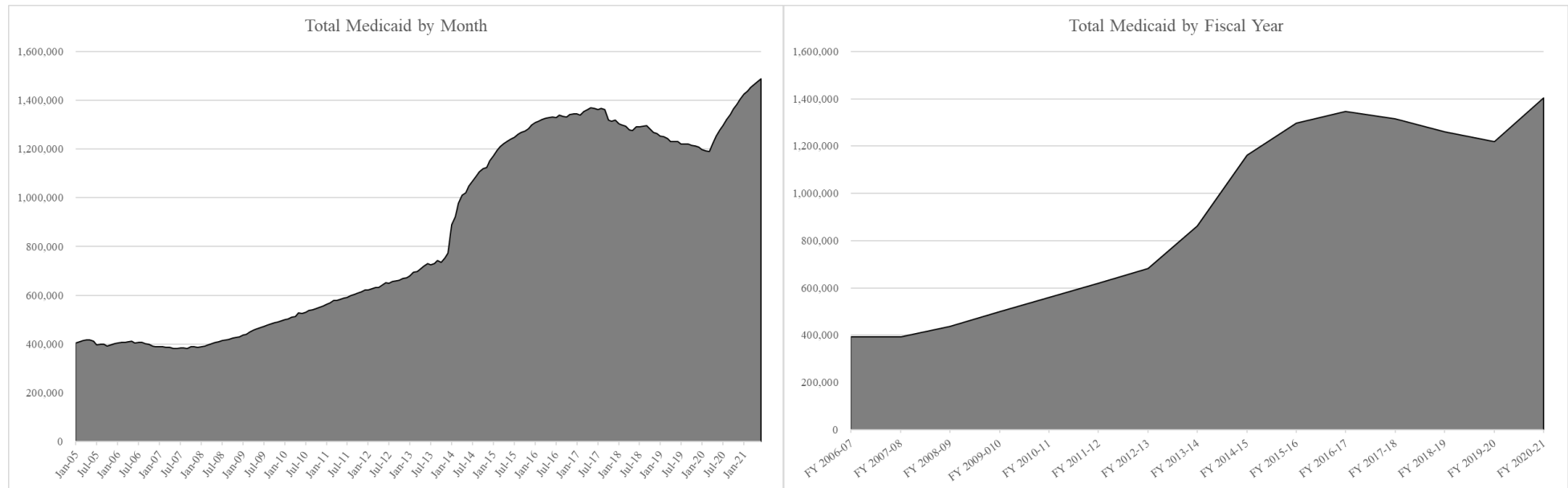
**Table 1. Caseload Actuals in Medical Services
Premiums and Behavioral Health**

Fiscal Year	Medical Services Premiums Caseload	Less: Behavioral Health Ineligible Categories	Behavioral Health Caseload
FY 2003-04	367,559	(14,635)	352,924
FY 2004-05	406,024	(14,755)	391,269
FY 2005-06	402,218	(17,304)	384,914
FY 2006-07	392,228	(18,109)	374,119
FY 2007-08	391,962	(18,405)	373,557
FY 2008-09	436,812	(19,062)	417,750
FY 2009-10	498,797	(19,612)	479,185
FY 2010-11	560,759	(20,303)	540,456
FY 2011-12	619,963	(21,641)	598,322
FY 2012-13	682,994	(23,890)	659,104
FY 2013-14	860,957	(25,859)	835,098
FY 2014-15	1,161,206	(30,767)	1,130,439
FY 2015-16	1,296,986	(35,234)	1,261,752
FY 2016-17	1,346,174	(36,449)	1,309,725
FY 2017-18	1,315,217	(37,637)	1,277,580
FY 2018-19	1,261,365	(37,341)	1,224,024
FY 2019-20	1,219,245	(35,858)	1,183,386
FY 2020-21	1,404,955	(42,318)	1,362,637

Recent Caseload History*Total Medicaid Caseload*

Exhibit B tabulates actual caseload figures and growth rates by eligibility category from FY 2000-01 to FY 2020-21. Projections for FY 2021-22 through FY 2023-24 are also presented in the table and will be discussed in the Categorical Projections section of this document. Figure 1 presents the aggregate Medicaid caseload history from FY 2005-06 below. As evident in figure 1, Medicaid expansion, which began in January 2014, led to rapid increases in Medicaid caseload. The growth from Medicaid expansion was sustained for three years, reaching its highest point in May of 2017. Starting in FY 2017-18 Medicaid caseload has been decreasing year-over-year. The Department believes these declines are the result of the strong economic growth and stability present during this time. Starting in April 2020 Medicaid Caseload has been rising due to the policies and economic impacts of the COVID-19 pandemic; details on the effects of the pandemic on the Departments forecasted caseload are presented below.

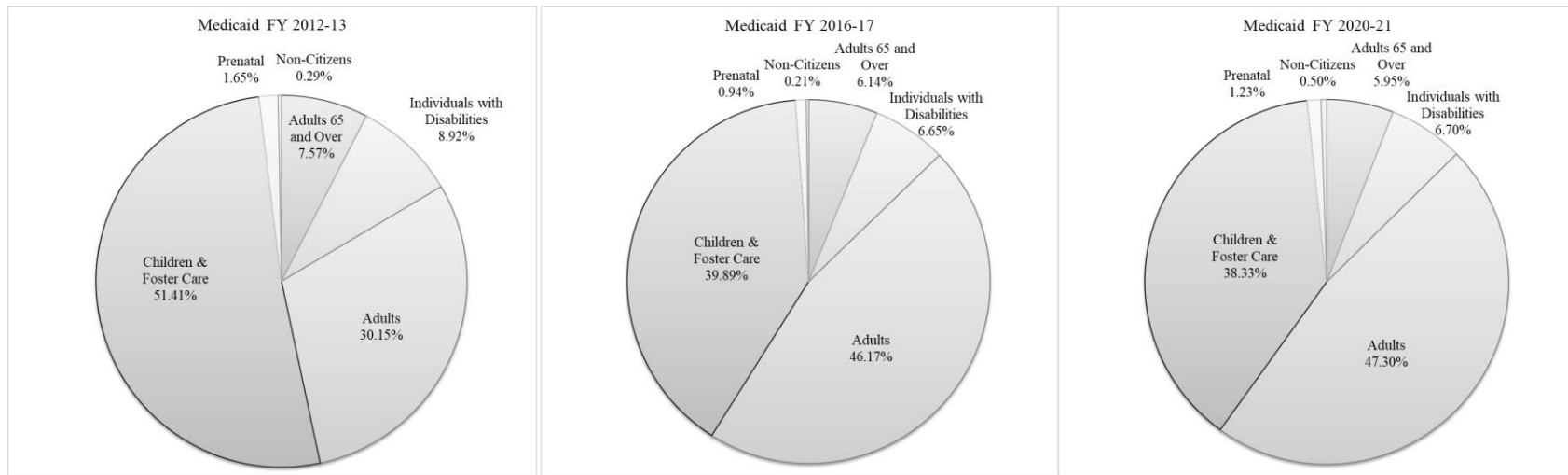
**Figure 1. Medicaid Caseload by Month and Fiscal Year
FY 2005-06 – FY 2020-21**



Composition of Medicaid Caseload

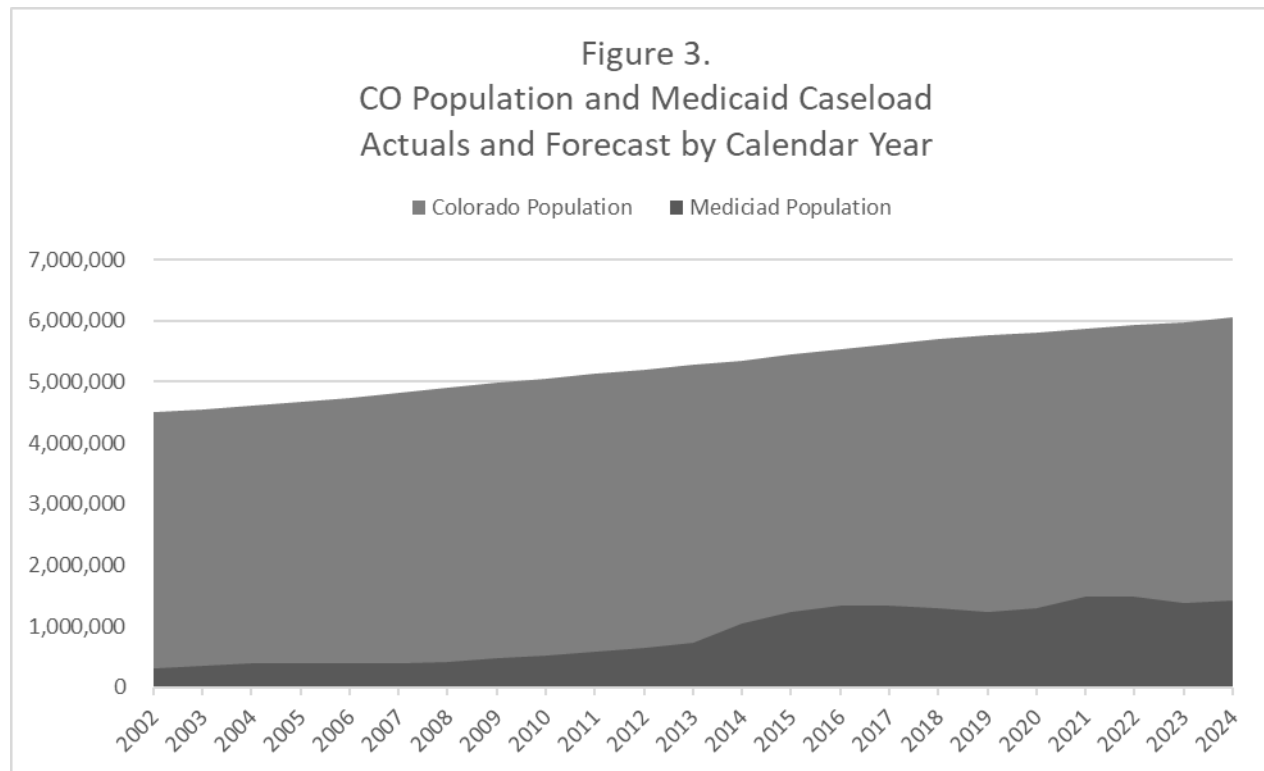
Medicaid Expansion resulted in significant changes in the composition of Medicaid caseload, mainly for Medicaid Adults. However, as described in Figure 1, the most recent years have seen caseload decreasing, which has resulted in further changes to the composition of Medicaid caseload. Figure 2 presents a side-by-side comparison of the Medicaid caseload by category as a percentage of the overall caseload for FY 2012-13 (pre-expansion), at the height of post-expansion caseload growth in FY 2016-17, and the FY 2020-21 actuals. As seen in Figure 2, Medicaid adults initially increased their share of caseload by approximately 23 percentage points from FY 2012-13 to FY 2016-17, an increase attributable to lifting the enrollment cap in MAGI Adults and expanding eligibility for adults to 133% FPL. The relative share of Children and Foster Care decreased by more than fifteen percentage points and was less than half of the composition of Medicaid in FY 2016-17. The share of Elderly Adults and Individuals with Disabilities also decreased. From FY 2016-17 to FY 2020-21 the relative share of Children and Foster Care on Medicaid decreased slightly, along with the share of Elderly Adults but Individuals with Disabilities and Adults increased relative to their FY 2016-17 levels.

Figure 2. Composition of Medicaid Caseload from the ACA Expansion to Present



A number of factors influence Medicaid caseload trends, including population trends, in-state migration, age of the population, length of stay, economic conditions, and State and federal policy changes. Projecting annual caseload is complicated by the fact that each of these factors can contribute to categorical changes, some of which may be contradictory. For example, the State may enact legislation that removes clients from a Medicaid category who are aged 65 and older, while the population of adults aged 65 and older is increasing. Therefore, projections represent the *net effect* of what the Department expects will happen. Each factor and its expected impact on the Medicaid caseload are discussed below.

Population - Colorado's total population is estimated to have increased 10.01% from 2010 to 2016, while the population increase for the total US was 4.7%¹. The Department of Local Affairs' State Demography Office forecasts that Colorado's population will increase a further 5.38% from 2019 to 2024². As the overall population has grown, so too has Medicaid caseload. This positive correlation implies that if population is projected to grow in the future, Medicaid caseload may also increase. Figure 3 below shows the Department of Local Affairs' forecast for Colorado's population with the Department's Medicaid Caseload forecast by calendar year.



¹ <http://www.census.gov/quickfacts/table/PST045215/00>

² Source: Department of Local Affairs, Demography Division;

<https://demography.dola.colorado.gov/births-deaths-migration/data/components-change/#components-of-change>, select Colorado, years 2010-202, and no grouping

When using population data to project caseload, the Department marries population subgroups to their appropriate Medicaid category. For example, when projecting caseload for MAGI Eligible Children, the Department uses population statistics for Colorado residents aged 0 to 18. By using subgroups instead of total population figures, the Department is able to capture subgroup specific trends.

In-State Migration - Like population, in-state migration is positively correlated with Medicaid caseload. As discussed above, Colorado's population from 2010 to 2016 grew at a faster rate than the population of the U.S. As more individuals move to Colorado from other states, Medicaid caseload is likely to increase. During economic downturns, people usually move from states with worse economic conditions to states with better conditions in search of jobs. Although Colorado experienced economic conditions in line with the overall conditions in the United States during the recent recession, net migration remained positive in 2010 at approximately 70,000³. An increase of 70,000 persons in a population of over 5.1 million may not be significant, but a positive migration rate means more people who could be eligible for Medicaid. According to 2010 estimates from the Census Bureau, Colorado experienced the sixth highest migration rate in the United States.⁴ Conversely, as the economy recovers, in-state migration is expected to increase. Net migration grew to an estimated 52,346 in 2006, overtaking natural increase (births minus deaths) as the major component of population growth. Though in-state migration is projected to decrease over the forecast period, the number of individuals moving into the State is expected to remain positive, buoyed by rates of unemployment that are lower than the national average.

Age - The age of the population can provide some insight as to why Medicaid caseloads have been increasing. As the population ages, the demand for medical care increases. Generally, as individuals age, their health becomes more fragile and they are more likely to seek health care. From 2005 to 2015, Colorado's median age increased by 1.7 years, a 4.9% increase⁵. This may be the result of retirees moving to the State, increased longevity, or fewer births. Regardless of the reason, an aging population has a direct effect on the demand for medical services, though not necessarily Medicaid. According to data from the United States Census Bureau, Colorado had the 10th lowest median age in 2010 and the 4th lowest old-age dependency ratio in 2009 (defined as the population 65 and older as a percent of population 18 to 64) in the nation.⁶ The population over 60 in Colorado has increased by 59.55% between 2002 and 2013, which is expected to cause an increase in the State's median age. Additionally, Colorado's old-age dependency ratio is projected to increase from 15.6 in 2000 to 24.6 in 2020, a 57.2% increase.⁷ This growth is significantly higher than the national average, which is projected to increase by 34.8% over the same timeframe. This suggests that Colorado will be aging faster than the average state over the forecast period. Since 2009, Colorado has experienced increases in the eligibility categories that include older individuals, though the growth was not as high as population growth in the general population aged 60 and over. This may be the result of a healthier aging population and demographic factors, such as the elderly population working longer and some of the baby-boom generation not yet reaching retirement age. Below is a chart comparing population by age group for Colorado and the United States. The next page shows the population pyramid from the 2010 Census Summary.

Population by Age Group: 2010										
	Total Population	Under 18 years		18 to 44 Years		45 to 64 Years		65 Years and Over		Median Age
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	
United States	308,745,538	74,181,467	24.0%	112,806,642	36.5%	81,489,445	26.4%	40,267,984	13.0%	37.2
Colorado	5,029,196	1,225,609	24.4%	1,913,620	38.1%	1,340,342	26.7%	549,625	10.9%	36.1

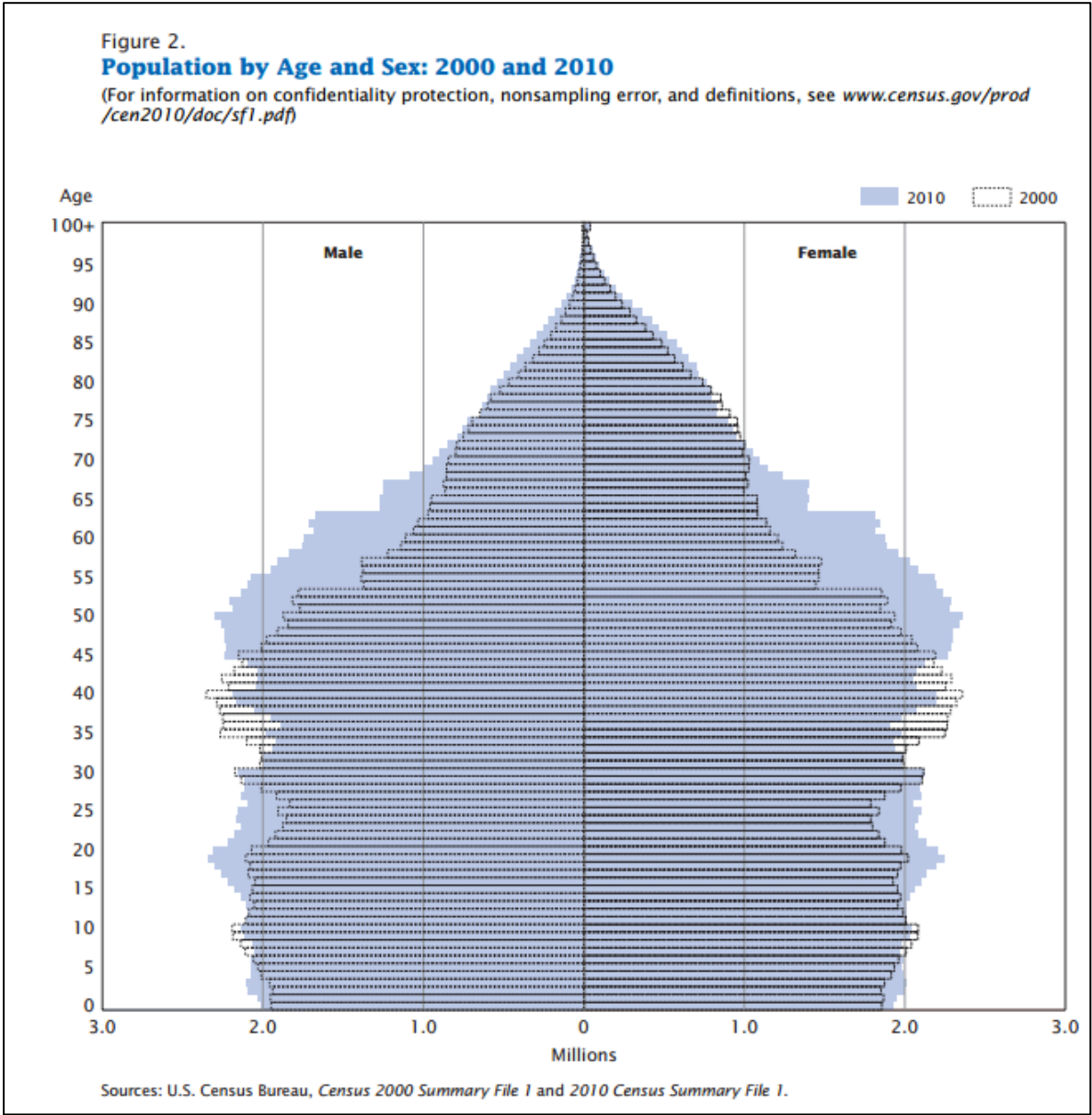
³ Source: Department of Local Affairs, Demography Division

⁴ Source: 2010 American Community Survey <http://www.census.gov/acs/www/>

⁵ Source: Department of Local Affairs, Demography Division

⁶ Source: 2010 American Community Survey <http://www.census.gov/acs/www/>

⁷ Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005 <http://www.census.gov/population/www/projections/index.html>



Length of Stay - Medicaid caseload is not only affected by the number of individuals served but also the length of time they remain in the program. The calculation used in the past for length of stay only considered enrollment in a given year in isolation, and did not account for clients that have eligibility that overlaps multiple fiscal years due to the timing of their eligibility determination. The Department has refined this analysis to account for the clients with a length of stay lasting longer than a fiscal year to provide a more accurate picture of the amount of time that individuals are enrolled in Medicaid. The table below shows the average length of stay in months, as well as the percent of clients that stay on Medicaid for longer than one year. The calculation for FY 2018-19 (shaded) may not be complete due to run-out and these averages could increase as more data is accrued.

Average Length of Stay in Months by Eligibility													
		Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	Expansion Adults ¹	Breast and Cervical Cancer Program	Eligible Children ²	Foster Care	Eligible Pregnant Adults ³	Non-Citizens	Partial Dual-Eligibles
FY 2015-16	Avg LOS Mo's	20.60	21.63	22.54	13.16	15.92	15.64	19.01	17.92	32.42	12.36	5.48	17.00
	% > 12 Mo's	86.81%	91.18%	94.70%	60.78%	79.42%	78.66%	84.53%	88.74%	94.32%	45.69%	0.80%	83.28%
FY 2016-17	Avg LOS Mo's	28.38	28.51	29.17	13.70	16.87	20.66	20.66	23.13	47.26	11.13	5.76	24.70
	% > 12 Mo's	88.52%	91.97%	93.72%	56.88%	67.33%	78.13%	77.11%	84.70%	97.33%	31.55%	2.37%	86.27%
FY 2017-18	Avg LOS Mo's	33.73	34.99	34.40	15.07	18.69	23.58	18.87	21.01	44.38	12.01	6.11	25.81
	% > 12 Mo's	89.91%	94.38%	95.50%	60.49%	69.08%	74.18%	73.43%	77.79%	96.53%	38.01%	3.66%	84.80%
FY 2018-19	Avg LOS Mo's	31.89	34.57	32.40	14.67	17.90	24.23	19.19	21.07	35.32	11.78	5.72	24.81
	% > 12 Mo's	90.10%	94.45%	94.82%	62.04%	65.03%	76.11%	71.43%	80.31%	96.70%	31.60%	2.99%	84.96%

1– This category includes both MAGI Parents/Caretakers 69-133% FPL and MAGI Adults.

2 – This category includes both MAGI Eligible Children and SB 11-008 Eligible Children

3 – This category includes both MAGI Pregnant Adults and SB 11-250 Pregnant Adults

Economic Conditions - Economic indicators partially explain why some Medicaid caseload trends occur. Since Medicaid is a needs-based program where clients must meet income limits, it follows that caseload for families and children should be countercyclical to economic conditions. For example, as the State experiences recessionary conditions, Medicaid caseload will increase. After the recession that ended in the early 1990s, Colorado enjoyed almost ten years of economic expansion. The terror attacks on the United States in 2001 combined with the bursting of the stock market bubble in late 2000 brought that expansion to a halt. For the first time in more than a decade, Colorado experienced significant job losses coupled with falling wages. In mid-2003, the Colorado economy hit bottom after the decline that started in early 2001. Due to seasonal fluctuations and wide confidence intervals for over-the-month changes, employment data is best analyzed by comparing the same month for different years. The first post-recession over-the-year gain in non-agricultural employment occurred in March of 2004. The State officially entered an expansionary period in early 2006, as employment surpassed the late 2000 peak. The recovery period lasted 30 months, one of the longest on record. Employment began to soften in October 2008, when 4,600 jobs were shed over the year. The State experienced over-the-year job losses for two years and the annual contractions appear to have peaked in September 2009, when job losses numbered 128,400 (5.5%) over the year. From Late 2017 to February 2020 the U.S. had favorable economic conditions as well as a historically low unemployment rate⁸. However, the global recession caused by the COVID-19 pandemic has introduced more economic uncertainty. Colorado's labor force participation rate stood at 68.8 percent in February 2020, then dropped to 64.9 percent at the start of the pandemic, and has rebounded nearly completely to stand at 68.3 percent in August 2021. However, both Colorado and the U.S.'s unemployment rate remain significantly higher than they were before the pandemic. Table 2 shows historical and projected (shaded) wage and salary income, non-agricultural employment, and unemployment rates for Colorado⁹.

**Table 2. Colorado Economic Variables
History and Forecast**

Year	Wage and Salary Income (billions)	Non- Agricultural Employment	Unemployment Rate
2015	\$146.50	2,541,000	3.9%
2016	\$151.00	2,601,800	3.2%
2017	\$160.80	2,660,400	2.7%
2018	\$170.30	2,725,300	3.0%
2019	\$182.10	2,779,100	2.7%
2020	\$184.10	2,644,600	7.3%
2021	\$194.40	2,747,700	5.6%
2022	\$204.10	2,824,700	4.5%
2023	\$213.50	2,878,900	3.7%

⁸ Source: <https://www.bls.gov/opub/mlr/2020/article/job-market-remains-tight-in-2019-as-the-unemployment-rate-falls-to-its-lowest-level-since-1969.htm>

⁹ Source: Office of State Planning and Budgeting, June 19, 2020 Economic and Fiscal Outlook, page 29

The timing of an economic cycle is important in estimating the impact on the Medicaid caseload, excluding elderly eligibilities and clients with disabilities. As the economy recovers from a downturn, workers need to find jobs in order to withdraw from the Medicaid rolls. Jobs that primarily affect family and children Medicaid populations are hourly and concentrated in the service industry. These employment types are often the last to benefit from improving economic conditions. Therefore, any economic impact on the Medicaid caseload will have a lagged effect. Second, as workers find jobs they do not instantaneously lose their Medicaid eligibility. Since 1990, states have been federally required to provide Transitional Medical Assistance (known as Transitional Medicaid) benefits for up to one year to families who lost eligibility because of increased income due to employment. This policy was directed at clients who potentially might turn down employment for fear of losing their Medicaid benefits. To be eligible for Transitional Medicaid, a client must have been eligible in at least three of the preceding six months, though states may elect to reduce this requirement to fewer than three months. Clients may receive Transitional Medicaid as long as their income is below 185% of the federal poverty level, provided that the proper income reporting requirements are followed. Another small group of clients are eligible for Transitional Medicaid services that would otherwise lose their Medicaid benefits due to child or spousal support payments. Families in this group receive a four-month extension. In the past, this program has been set to expire many times. With the passage of H.R.2 “Medicare Access and CHIP Reauthorization Act of 2015” on April 16, 2015, transitional Medicaid was made permanent. As illustrated in the following table, the average number of adults and children on Transitional Medicaid increased dramatically in FY 2004-05. The Department suspects that the high growth in FY 2004-05 and FY 2005-06 may be partially related to large monthly increases that occurred around the implementation of the Colorado Benefits Management System. Monthly caseload declined between December 2005 and June 2008, but caseload increased throughout FY 2008-09 and FY 2009-10. Transitional Medicaid increased again in FY 2013-14 and FY 2014-15 for adults, which is likely due to both expansion and an improving economy.

Table 3. Average number of adults and children on Transitional Medicaid

Fiscal Year	Average Number of Eligible Children on Transitional Medicaid	Average Number of Parents/ Caretakers on Transitional Medicaid
FY 2004-05	10,776	6,586
FY 2005-06	16,749	10,745
FY 2006-07	16,065	9,968
FY 2007-08	13,000	7,778
FY 2008-09	13,489	7,905
FY 2009-10	13,582	8,099
FY 2010-11	11,042	6,173
FY 2011-12	21,311	11,171
FY 2012-13	16,544	8,643
FY 2013-14	16,335	16,668
FY 2014-15	4,969	34,001
FY 2015-16	12,451	29,329
FY 2016-17	28,219	40,955
FY 2017-18	29,870	52,555
FY 2018-19	39,717	68,018
FY 2019-20	56,370	61,090
FY 2020-21	44,871	58,790

Policy Changes - State and federal policy decisions can alter the Medicaid caseload. The following list briefly describes major State and federal policy changes that have affected Medicaid eligibility and, therefore, caseload. This list is not meant to be comprehensive in nature but a summary of major changes affecting eligibility since 2000.

- Breast and Cervical Cancer Prevention and Treatment Act of 2000, Public Law 106-354: Established a new group of eligibility for women under 65 who have been screened under the Centers for Disease Control and Prevention Board and need treatment for either diagnosis. Colorado implemented this optional eligibility group in July 2002 pursuant to SB 01S2-012.
- Medicare Prescription Drug, Improvement, and Modernization Act of 2003: This act causes more potential beneficiaries to be screened for Medicaid when they apply for this Medicare benefit.
- Presumptive eligibility for Medicaid pregnant women was discontinued on September 1, 2004. It was re-established by HB 05-1262 on July 1, 2005.
- HB 05-1262, the Tobacco Tax bill: This bill provided funding for the removal of the Medicaid asset test, the expansion of the income guideline used to establish eligibility for parents of children eligible for either Medicaid or the Children's Basic Health Plan to 60% of the federal poverty level (known as Expansion Adults to 60% FPL), and to expand the number of children enrolled in the Home- and Community-Based Services and the Children's Extensive Support Waiver.
- Deficit Reduction Act of 2005: This Act contained provisions related to premiums and cost sharing, benefits, and asset transfers that will have implications for Medicaid beneficiaries. In addition, the Deficit Reduction Act contained a provision requiring States to obtain satisfactory documentary evidence of citizenship and identity for all Medicaid applicants who have declared that they are citizens or nationals of the United States, with exemptions for individuals that are eligible for Medicaid and entitled to or enrolled in Medicare and those eligible for Medicaid by virtue of receiving Supplemental Security Income benefits.
- SB 07-211: Established presumptive eligibility for Medicaid children.
- HB 09-1293: The Colorado Health Care Affordability Act of 2009, authorizes the Department to collect hospital provider fees for the purpose of obtaining federal financial participation for the State's medical assistance programs and using the combined funds to: 1) increase reimbursement to hospitals for providing medical care under the medical assistance program and the Colorado Indigent Care Program; 2) increase the number of persons covered by public medical assistance; and 3) pay the administrative costs to the Department in implementing and administering the program. Populations that receive Hospital Provider Fee funding are disabled buy-in, adults without dependent children, and expansion adults 60%-133%. HB 09-1293 also established continuous eligibility for twelve months for children in Medicaid.
- HB 09-1353: Expands Medicaid eligibility to pregnant women who are legal permanent residents that have been in the country for less than 5 years.
- SB 11-008: Increases Medicaid eligibility for children from 6 through 18 years of age to 133% FPL beginning in January 2013 (142% FPL after MAGI disregards in October 2013). These clients are identified separately in the JBC monthly report and in the caseload forecast. They are the clients that are Medicaid eligible children between the ages of 6 and 18, FPL within 108% and 142%, and have no other insurance. These clients receive an enhanced Federal match.
- SB 11-250: Increases Medicaid eligibility for pregnant women from 142% FPL to 185% FPL beginning in January 2013 (195% FPL after MAGI disregards in October 2013). These clients are identified separately in the JBC monthly report and in the caseload forecast. They are the clients that are Medicaid eligible pregnant adults that are within 142% FPL and 195% FPL and have no other insurance. These clients receive an enhanced Federal match.
- SB 13-200: Increases Medicaid eligibility for expansion adults from 100% FPL to 133% FPL and lifts the enrollment cap on MAGI Adults.

- The transition to MAGI resulted in standardization of the definition and measurement of income, both across states and programs, resulting in streamlined eligibility determinations that are based solely on national tax filing standards rather than disparate methodologies.
- Continuous eligibility for Medicaid Eligible Children and CHP+ Children was implemented March 2014. Clients on Medicaid or CHP+ that are determined over the income threshold will have an additional 12 months of eligibility before losing benefits. This reduces churn between Medicaid and CHP+ as well as the client's ability to maintain continuous medical coverage as they churn from Medicaid or CHP+ into the Marketplace. This change results in an increased length of stay for MAGI Eligible Children and SB 11-008 Eligible Children.
- HB 14-1045: Extends funding for the Breast and Cervical Cancer Program through FY 2018-19.
- HB 14-1252: Increases the system capacity for home- and community-based intellectual and developmental disabilities programs, services, and supports.
- Annualization of income began July 1, 2016 and allows individuals with seasonal fluctuations in income to remain eligible throughout the year so long as their income, annualized throughout the year, meets Medicaid qualification requirements.
- The age range for screening and treatment of cervical cancer under the Breast and Cervical Cancer Program will expand to 21 through 64, from 40 through 64, in January 2017, based on the Department of Public Health and Environment's FY 2016-17 R-04 "Cervical Cancer Eligibility Expansion" request.
- HB 16-1321: Allows for a Medicaid Buy-In option for Supported Living Services waiver (under the Office of Community Living) and the Spinal Cord Injury and Brain Injury waivers under Medical Services Premiums, beginning in FY 2017-18.
- Following the declaration of a public health emergency (PHE) by the Secretary of Health and Human Services during the COVID-19 pandemic, CMS notified states that an increased FMAP would be available for each calendar quarter occurring during the PHE, including retroactively to January 1, 2020. To be eligible to receive the 6.2 percentage point FMAP increase, states must adhere to a set of requirements which include, but are not limited to, maintaining eligibility standards, methodologies, and procedures; covering medical costs related to the testing, services, and treatment of COVID-19; and not terminating individuals from Medicaid if such individuals were enrolled in the Medicaid program as of the date of the beginning of the emergency period or during the emergency period (continuous coverage policy). The current forecast assumes the PHE will be in effect through the end of Q2 of FY 2021-22. The forecast also assumes that there will be a mass disenrollment of individuals who become ineligible for Medicaid during the emergency and that these individuals will be disenrolled from July 2022 to December 2022.

Oftentimes, a forecast cannot instantaneously incorporate policy changes even with the use of dummy or indicator variables. When this occurs, adjustments are made to the forecast off-line. Detailed accountings of off-line adjustments are in Exhibit B, page EB-2.

Caseload decreased from FY 2004-05 through FY 2007-08, resulting in a decline of 14,062, or 3.46%, between these fiscal years. The Department believes that improving economic conditions were the driving factor in this decrease, as consistent monthly declines occurred in MAGI Parents/Caretakers and MAGI Eligible Children, which are expected to be most affected by the economy. This trend reversed as of the second half of FY 2007-08, when the Eligible Children caseload started to show significant monthly increases. Strong increases continued in Medicaid in FY 2008-09, FY 2009-10, FY 2010-11, FY 2011-12, and FY 2012-13, with annual growth of 11.44%, 14.19%, 12.42%, 10.56%, and 10.17% respectively. With Medicaid expansion beginning in January 2014, the second half of FY 2013-14, caseload increased by 26.06% between FY 2012-13 and FY 2013-14 and 34.87% between FY 2013-14 and FY 2014-15. The increase continued in FY 2015-16, but at a lower rate, at 11.70%. The growth rate continued to decrease in FY 2016-17 and was negative in FY 2017-18. Due to a system change that improves the process for verifying income for Medicaid eligibility purposes that occurred in October 2017, every quarter the Department saw a decrease in caseload. Due to a communication issue between the CBMS and interChange regarding retroactive updates to enrollment spans that was fixed in June 2018, there was a substantial increase in Medicaid

caseload that the Department treated as a level shift. In addition, there was a systems issue around guaranteed coverage for children, that inappropriately placed children in an incorrect category when the system redetermined their eligibility instead of maintaining guaranteed coverage in their original categories. This system issue was resolved in the beginning of FY 2018-19. The forecast for the Medicaid population is lower than the previously forecasted trends because caseload has grown slower than the previous projection. The Department is forecasting Medicaid caseload to increase by 9.31% in FY 2021-22 to 1,535,699. In FY 2022-23, the trend is projected to decrease at -9.30% as the first full year without the continuous coverage policy in effect and then grow modestly in FY 2023-24 at 0.88%. The following table shows actual and projected aggregate Medicaid caseload from FY 2007-08 through FY 2022-23.

Table 3. Medicaid Caseload History and Forecasts

Fiscal Year	Medicaid Caseload	Growth Rate	Level Growth
FY 2007-08	391,962	-0.07%	-266
FY 2008-09	436,812	11.44%	44,850
FY 2009-10	498,797	14.19%	61,985
FY 2010-11	560,759	12.42%	61,962
FY 2011-12	619,963	10.56%	59,204
FY 2012-13	682,994	10.17%	63,031
FY 2013-14	860,957	26.06%	177,963
FY 2014-15	1,161,206	34.87%	300,249
FY 2015-16	1,296,986	11.70%	135,829
FY 2016-17	1,346,174	3.79%	49,188
FY 2017-18	1,315,167	-2.30%	-30,947
FY 2018-19	1,261,365	-4.09%	-52,852
FY 2019-20	1,219,245	-3.34%	-42,120
FY 2021-22	1,404,955	15.23%	185,710
FY 2021-22 Projection	1,535,699	9.31%	130,744
FY 2022-23 Projection	1,392,817	-9.30%	-142,882
FY 2023-24 Projection	1,405,016	0.88%	12,199

FORECAST MODELS

The Department's caseload projections utilize statistical forecasting methodologies to predict Medicaid caseload by eligibility category. Historical monthly caseload data from July 1993 to June 2018 and historical and forecasted economic data (revised in June 2018) and demographic data (revised in June 2018) are used. The following forecasting models are used in this forecast: trend and monthly seasonal dummy variables, ARIMA models, trend stationary, difference stationary, regression analysis with explanatory variables, and vector auto regression models. In the past, the software used by the Department for developing trend and regression forecasts was *Forecast Pro XE*. The Department is now using *EViews 9*. The Department has not been using these statistical models during the PHE because the maintenance of effort policy introduces bias that is difficult to control for and results in unrealistic long-term forecasts.

Trend and Seasonality Model

Medicaid caseload is a non-stationary series with a positive trend and many of the categories experience some level of seasonality. One of the models used incorporates a time trend and monthly seasonal dummy variables.

ARIMA Model

ARIMA models, also referred to as Box-Jenkins models, rely on the past behavior of the series being forecasted. Relying on the past behavior of a series mandates that a series be stationary. Most of the eligibilities in Medicaid caseload have a positive growth trend (non-stationary) and require differencing to be made stationary.

Trend Stationary and Difference Stationary

Series that are stationary have a constant mean; caseload series frequently do not have this characteristic and often have a trending mean. Two popular models used for non-stationary series with a trending mean are trend stationary and difference stationary. The trend stationary model serves as an effective model if the series has a deterministic trend. The difference stationary model is useful when the trend is stochastic. Differencing the dependent variable gives a stationary series. The basic forms of the two models are listed below, where y is the dependent variable. Lags of the dependent variable are added to clear up serial correlation within the series.

- Trend Stationary: $\log(y) = c + \text{trend} + \varepsilon$
- Difference Stationary: $\text{differenced}(\log(y)) = c + \varepsilon$

Regression Models

Regression analysis, unlike trend analysis, incorporates independent variables when making projections. For example, a regression equation may include the unemployment rate if the forecaster expects it to have an effect on the caseload for MAGI Parents/Caretakers. Statistically, the forecaster can test whether or not there is a relationship between independent variables and the caseload by constructing a correlation matrix. Variables that are highly correlated with the caseload are more likely to be predictive. Regression equations are useful in that they provide some insight into why the trend projection is increasing, decreasing, or static. Although regression equations help explain why trends occur, their value depends on the quality of the independent variables used. In order to project caseload, historical and forecasted values of the independent variables must be used. Therefore, the accuracy of the caseload forecast depends on the accuracy of the forecasted independent variables. The Department accessed the Colorado Department of Local Affairs' Demography Division's actual and forecasted values of different populations by age and the unemployment rate in January 2018 and used this information in the regression models.

Vector Auto Regression Models (VARs)

The Department has frequently used regression analysis to forecast caseload. Regression analysis, as described above, incorporates independent variables when making projections. Regression analysis has the unfortunate requirement that the independent variables be exogenous to the dependent variable, or only allows the independent variable on the right-hand side of the equation to have an effect on the dependent variable on the left-hand side of the equation. This is unlikely in reality as most factors are interrelated and may affect each other simultaneously. Vector Auto Regression (VAR) models are simultaneous equations, allowing the different variables to affect each other equally. In other words, both variables are dependent and are able to change over time together in the forecast. The simultaneous process is better able to capture a long-term relationship between multiple variables and does not restrict one variable to the right hand side of the equation.¹⁰ This can serve as a better reflection of reality than forcing the assumption that a variable is exogenous to Medicaid caseload.

Exponential Smoothing

For over 30 years, Exponential Smoothing models have been used to forecast data within a variety of applications. Considered simplistic, Exponential Smoothing models extract trend and seasonal patterns from a time-series to predict a future stream of values. There are two types of Exponential Smoothing models that address trend and seasonality in time-series data: Holt and Winters. The Holt Exponential Smoothing model adjusts for long-term linear trend in data, while the Winters Exponential Smoothing model adjusts for both trend and seasonal components of data. Both Holt and Winters use recursive equations to determine the estimated parameters of the model, giving more weight to recent observations and exponentially smaller weight to historically distant observations. One advantage of this model is that it produces robust results with limited data sets. This is very useful Medicaid eligibility categories that have not been in existence for very long. While the Department has used this model in the past, the February 2018 forecast does not use exponential smoothing.

Model Selection

After several different forecasts are produced, the Department normally chooses one for each category. Several statistics are produced to grade and compare the forecast models. The three statistics provided in the narrative are the Schwartz Info Criterion (SIC), Akaike Info Criterion (AIC), and the adjusted R^2 . The SIC and the AIC provide a means for model selection. Both statistics include a trade-off between the goodness of fit of the model and the complexity of the model by applying a penalty for using up degrees of freedom (adding independent variables). These measures encourage the use of simpler models. The closer the SIC or AIC are to negative infinity, the better the model. The adjusted R^2 measures the goodness of fit of the model in-sample; the closer the R^2 statistic is to one the better the goodness of fit. The calculation of the adjusted R^2 contains the most lenient penalty for using up the degrees of freedom in the model. It is important to note that this measure is not reliable when forecasting the differences of a series. When differencing a series to make it stationary, fitting a model becomes incredibly difficult and the R^2 value drops. This does not indicate a poor model; it is simply a result of differencing a series. For models where the dependent variable is differenced, the AIC and SIC prove much more useful for comparing different models than the R^2 . When selecting a model, the Department closely analyzes the historical data, possible future impacts like the predicted state of the economy, and the above-mentioned statistics.

¹⁰ Sims, Chris "Macroeconomics and Reality." *Econometrica*. Volume. 48 No.1 (1980)
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CATEGORICAL PROJECTIONS

This next section details the caseload projections by eligibility category. For each category, the following are presented: a discussion of the category, statutory authority, model results, rationale for the forecast, and historical caseload and forecasts. FY 2023-24 projections are included for informational purposes.

Adults Over 65 (OAP-A)

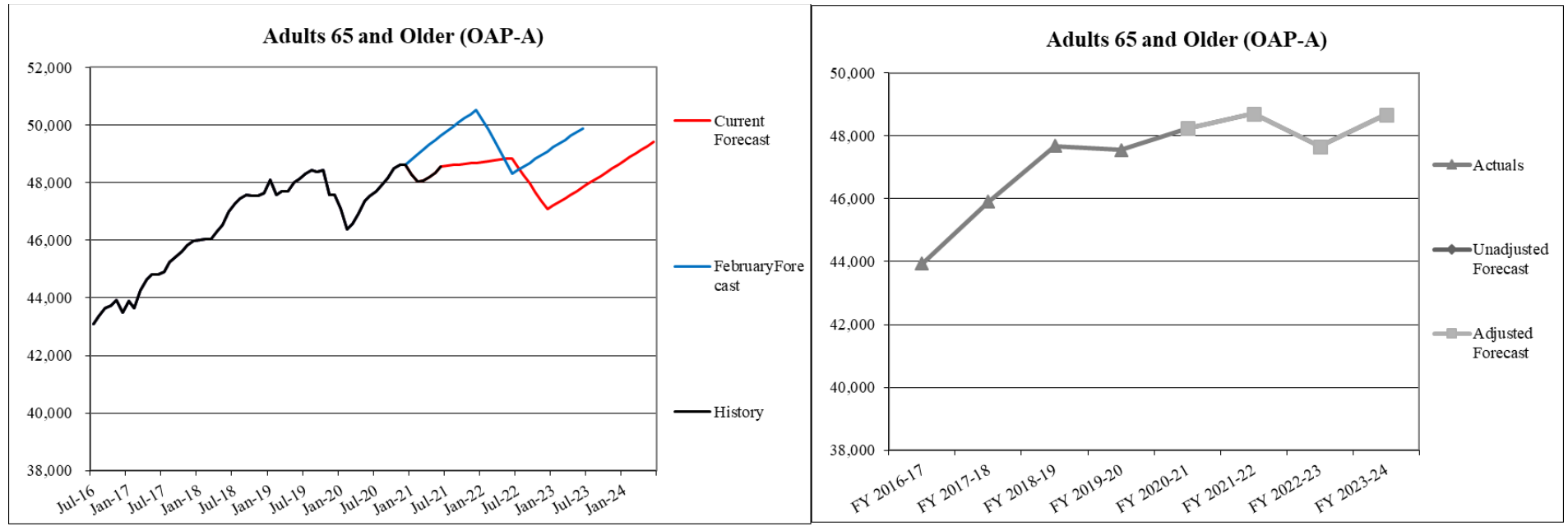
Colorado automatically provides Medicaid coverage to individuals who receive Supplemental Security Income. Supplemental Security Income, authorized under Title XVI of the Social Security Act of 1965, is a federal cash assistance program for persons aged 65 and older, blind, or disabled. An individual must have income below the federal monthly maximum Supplemental Security Income limit and limited resources. The Supplemental Security Income adults aged 65 and older are included in this category. Also included are individuals aged 65 and older who meet the Medicaid resource and income requirements, but are not receiving Supplemental Security Income. In addition, states may extend coverage to individuals with incomes above the Supplemental Security Income limit and who meet the nursing home level of care. Referred to as ‘Three-Hundred Percenters’, these clients have incomes no more than three times the Supplemental Security Income maximum limit, and they meet the level of care to be in a nursing home.

25.5-5-101 (1), C.R.S.

- (f) Individuals receiving supplemental security income;*
- (g) Individuals receiving mandatory state supplement, including but not limited to individuals receiving old age pensions;*
- (h) Institutionalized individuals who were eligible for medical assistance in December 1973;*
- (i) Individuals who would be eligible except for the increase in old-age, survivors, and disability insurance under P.L. 92-336;*
- (j) Individuals who become ineligible for cash assistance as a result of old-age, survivors, and disability insurance cost-of-living increases after April 1977;*

25.5-5-201 (1), C.R.S.

- (b) Individuals who would be eligible for cash assistance except for their institutionalized status;*
- (c) Individuals receiving home-and community-based services as specified in part 6 of this article;*
- (f) Individuals receiving only optional state supplement;*
- (g) Individuals in institutions who are eligible under a special income level. Colorado’s program for citizens sixty-five years of age or older or physically disabled or blind, whose gross income does not exceed three hundred percent of the current federal supplemental security income benefit level, qualifies for federal funding under this provision;*
- (j) Individuals who are qualified aliens and were or would have been eligible for supplemental security income as a result of a disability but are not eligible for such supplemental security income as a result of the passage of the federal "Personal Responsibility and Work Opportunity Reconciliation Act of 1996", Public Law 104-193;*

Adults 65 and Older (OAP-A): Model Results

Adults 65 and Older: Model Results						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change ²
COVID Model	47,551	48,248	0.95%	48,706	458	25
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change ²
COVID Model	48,248	48,706	-2.14%	47,663	(1,043)	(84)
FY 2022-23	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change ²
COVID Model	48,706	47,663	2.15%	48,686	1,023	131

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Adults 65 and Older (OAP-A): Trend Selections

FY 2021-22: 0.95%

FY 2022-23: -2.14%

FY 2023-24: 2.15%

Adults 65 and Older (OAP-A): Justifications

- The Department believes that OAP-A will not be as affected when the continuous coverage policy ends because OAP-A has continued to experience monthly disenrollments due to member deaths; the Department is not required to maintain continuous coverage when a member dies. Therefore, the Department expects caseload to decrease slightly once the continuous coverage policy ends and, after that, growth will return to the levels that Colorado experienced before the pandemic and the CBMS death certificate update in the fall of 2019.
- From December 2020 through February 2021, the OAP-A population decreased so significantly that the 6 month average growth rate was negative. These decreases correspond with high levels of deaths among the older adult population in the state of Colorado from COVID-19. Growth has since recovered to normal and the Department has otherwise maintained its trend.
- This population will be affected by the aging of the “baby boomers,” defined by the U.S. Census Bureau as the generation born between 1946 and 1964. The Department believes this population is beginning to see this increase and has selected strong growth trends to account for the expected baby boomers. A population pyramid is available for review on page MC-10.
- The graph above shows that growth has been strong since FY 2011-12. Historical growth rates are stable and tend to fluctuate between 1% and 3%. The Department has seen strong growth in the Home- and Community-Based Services for the Elderly, Blind, and Disabled waiver.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

Adults 65 and Older: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals		
Jun-19	48,125	-	-	FY 2008-09	37,619	-	-					FY 2015-16 1st Half	130	0.31%
Jul-19	48,316	191	0.40%	FY 2009-10	38,487	2.31%	868					FY 2015-16 2nd Half	65	0.15%
Aug-19	48,446	130	0.27%	FY 2010-11	38,921	1.13%	434					FY 2015-16	97	0.23%
Sep-19	48,386	(60)	-0.12%	FY 2011-12	39,740	2.10%	819					FY 2016-17 1st Half	78	0.18%
Oct-19	48,434	48	0.10%	FY 2012-13	40,827	2.74%	1,087					FY 2016-17 2nd Half	222	0.51%
Nov-19	47,574	(860)	-1.78%	FY 2013-14	41,836	2.47%	1,009					FY 2016-17	150	0.34%
Dec-19	47,575	1	0.00%	FY 2014-15	41,817	-0.05%	(19)					FY 2017-18 1st Half	195	0.43%
Jan-20	47,095	(480)	-1.01%	FY 2015-16	42,403	1.40%	586					FY 2017-18 2nd Half	168	0.36%
Feb-20	46,391	(704)	-1.49%	FY 2016-17	43,941	3.63%	1,538					FY 2017-18	181	0.40%
Mar-20	46,567	176	0.38%	FY 2017-18	45,907	4.47%	1,966					FY 2018-19 1st Half	105	0.22%
Apr-20	46,928	361	0.78%	FY 2018-19	47,686	3.87%	1,779					FY 2018-19 2nd Half	84	0.18%
May-20	47,372	444	0.95%	FY 2019-20	47,551	-0.28%	(135)					FY 2018-19	95	0.20%
Jun-20	47,528	156	0.33%	FY 2020-21	48,248	1.47%	697					FY 2019-20 1st Half	(92)	-0.19%
Jul-20	47,686	158	0.33%	FY 2021-22	48,706	0.95%	458					FY 2019-20 2nd Half	(8)	-0.01%
Aug-20	47,952	266	0.56%	FY 2022-23	47,663	-2.14%	(1,043)					FY 2019-20	(50)	-0.10%
Sep-20	48,151	199	0.41%	FY 2023-24	48,686	2.15%	1,023					FY 2020-21 1st Half	181	0.38%
Oct-20	48,496	345	0.72%									FY 2020-21 2nd Half	(12)	-0.02%
Nov-20	48,621	125	0.26%									FY 2020-21	85	0.18%
Dec-20	48,614	(7)	-0.01%											
Jan-21	48,277	(337)	-0.69%											
Feb-21	48,044	(233)	-0.48%											
Mar-21	48,051	7	0.01%											
Apr-21	48,192	141	0.29%											
May-21	48,348	156	0.32%											
Jun-21	48,544	196	0.41%											

February 2021 Projection			
FY 2019-20	47,551	-0.28%	(135)
FY 2020-21	48,740	2.50%	1,189
FY 2021-22	49,720	2.01%	980
FY 2022-23	49,158	-1.13%	(562)

Actuals		
	Monthly Change	% Change
6-month average	(12)	-0.02%
12-month average	85	0.18%
18-month average	54	0.11%
24-month average	17	0.04%

February 2021 Forecast	
Forecasted June 2021 Level	49,642

Base trend from June 2021 level			
FY 2021-22	48,544	0.61%	296

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	145	22	0.29%	0.05%
FY 2021-22 2nd Half	(368)	28	-0.74%	0.06%
FY 2021-22	(112)	25	-0.23%	0.05%
FY 2022-23 1st Half	131	(296)	0.27%	-0.62%
FY 2022-23 2nd Half	133	128	0.27%	0.27%
FY 2022-23	132	(84)	0.27%	-0.17%
FY 2023-24 1st Half		130		0.27%
FY 2023-24 2nd Half		132		0.27%
FY 2023-24		131		0.27%

Adults 60 to 64 with Disabilities (OAP-B)

Colorado automatically provides Medicaid coverage to individuals who receive Supplemental Security Income. Supplemental Security Income, authorized under Title XVI of the Social Security Act of 1965, is a federal cash assistance program for persons aged 65 and older, blind, or disabled. An individual must have income below the federal monthly maximum Supplemental Security Income limit and limited resources. Disabled adults aged 60 to 64 who are eligible for Supplemental Security Income are included in this category. In addition, states may extend coverage to individuals with incomes above the Supplemental Security Income limit, and who meet the nursing home level of care. Referred to as ‘Three-Hundred Percenters’, these clients have incomes no more than three times the Supplemental Security Income maximum limit, and they meet the level of care to be in a nursing home.

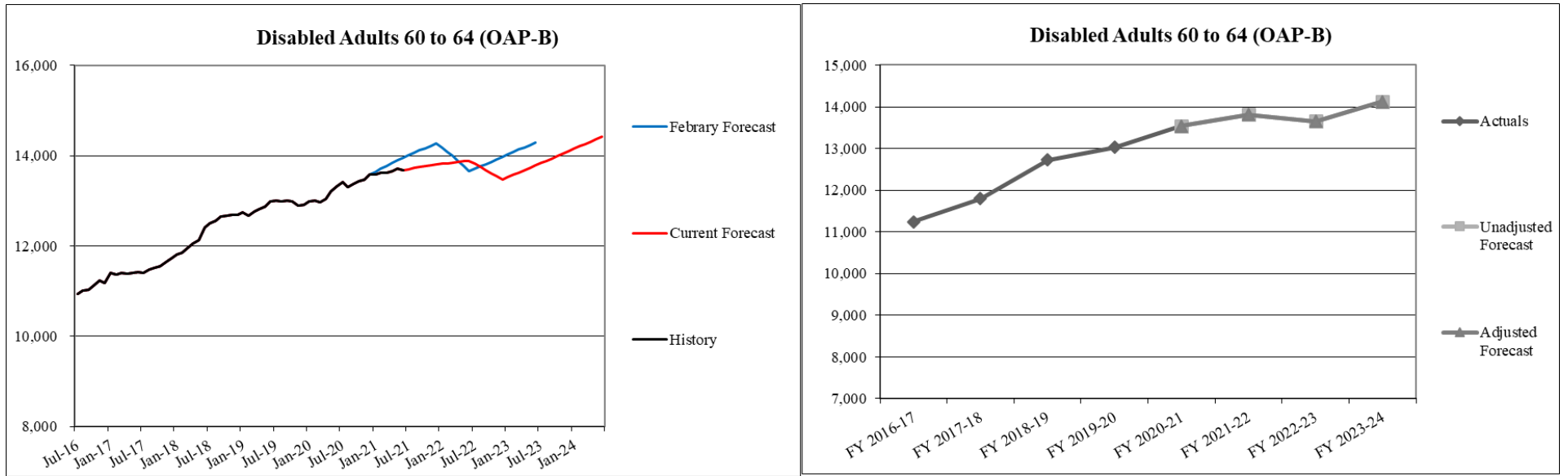
Quality control checks are completed from time to time to look for eligibility coding errors that commonly result in clients being misclassified between this Medicaid category and the State-only Old Age Pension Health and Medical Care program (non-Medicaid). Historical miscoding can make it difficult to forecast this Medicaid category as groups of individuals identified through this process may be abruptly moved in and out of this category.

25.5-5-101 (1), C.R.S.

- (f) Individuals receiving supplemental security income;*
- (g) Individuals receiving mandatory state supplement, including but not limited to individuals receiving old age pensions;*
- (h) Institutionalized individuals who were eligible for medical assistance in December 1973;*
- (i) Individuals who would be eligible except for the increase in old-age, survivors, and disability insurance under P.L. 92-336;*
- (j) Individuals who become ineligible for cash assistance as a result of old-age, survivors, and disability insurance cost-of-living increases after April 1977;*

25.5-5-201 (1), C.R.S.

- (b) Individuals who would be eligible for cash assistance except for their institutionalized status;*
- (c) Individuals receiving home-and community-based services as specified in part 6 of this article;*
- (f) Individuals receiving only optional state supplement;*
- (g) Individuals in institutions who are eligible under a special income level. Colorado’s program for citizens sixty-five years of age or older or physically disabled or blind, whose gross income does not exceed three hundred percent of the current federal supplemental security income benefit level, qualifies for federal funding under this provision;*
- (j) Individuals who are qualified aliens and were or would have been eligible for supplemental security income as a result of a disability but are not eligible for such supplemental security income as a result of the passage of the federal "Personal Responsibility and Work Opportunity Reconciliation Act of 1996", Public Law 104-193;*

Adults 60 to 64 with Disabilities (OAP-B): Model Results

Disabled Adults 60 to 64: Model Results¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change²
COVID Model	13,029	13,541	1.98%	13,809	268	18
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change²
COVID Model	13,541	13,809	-1.14%	13,652	(157)	(9)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change²
COVID Model	13,809	13,652	3.51%	14,131	479	53

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Adults 60 to 64 with Disabilities (OAP-B): Trend Selections

FY 2021-22: 1.98%

FY 2022-23: -1.14%

FY 2023-24: 3.51%

Adults 60 to 64 with Disabilities (OAP-B): Justifications

- Before the COVID-19 pandemic, growth in this population had been stable as Colorado has an aging population. Growth has slightly accelerated due to the continuous coverage policy condition associated with the COVID-19 pandemic but the Department does not expect this population to be greatly altered at the end of the continuous coverage policy period. Rather, the Department forecasts small disenrollements and then historical pre-pandemic growth to resume, with an average monthly growth of around 50 clients.
- Growth for the OAP-B population has slowed down even as more members are locked-in to Medicaid. The Department has adjusted its expectations accordingly with actuals over the last 12 month.
- This category began to be affected by the baby-boom generation, defined by the U.S. Census Bureau as the generation born between 1946 and 1964, in calendar year 2006, which may have resulted in higher growth. Population growth in this age group was 10.8% in 2009 and 7.1% in 2010. The Department has seen strong growth in the Home-and Community-Based Services (HCBS) for the Elderly, Blind, and Disabled waiver over the last four years.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

Disabled Adults 60 to 64: Historical Caseload and Projections												
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change		Monthly Average Growth Actuals			
Jun-19	12,994	-	-	FY 2008-09	6,447	-	-	FY 2015-16 1st Half	(9)	-0.08%		
Jul-19	13,013	19	0.15%	FY 2009-10	7,049	9.34%	602	FY 2015-16 2nd Half	71	0.67%		
Aug-19	12,992	(21)	-0.16%	FY 2010-11	7,767	10.19%	718	FY 2015-16	31	0.30%		
Sep-19	13,012	20	0.15%	FY 2011-12	8,383	7.93%	616	FY 2016-17 1st Half	51	0.46%		
Oct-19	12,986	(26)	-0.20%	FY 2012-13	9,051	7.97%	668	FY 2016-17 2nd Half	40	0.36%		
Nov-19	12,898	(88)	-0.68%	FY 2013-14	9,853	8.86%	802	FY 2016-17	45	0.41%		
Dec-19	12,914	16	0.12%	FY 2014-15	10,466	6.22%	613	FY 2017-18 1st Half	50	0.43%		
Jan-20	12,981	67	0.52%	FY 2015-16	10,529	0.60%	63	FY 2017-18 2nd Half	116	0.96%		
Feb-20	13,005	24	0.18%	FY 2016-17	11,241	6.76%	712	FY 2017-18	83	0.70%		
Mar-20	12,976	(29)	-0.22%	FY 2017-18	11,797	4.95%	556	FY 2018-19 1st Half	45	0.36%		
Apr-20	13,042	66	0.51%	FY 2018-19	12,721	7.83%	924	FY 2018-19 2nd Half	52	0.41%		
May-20	13,205	163	1.25%	FY 2019-20	13,029	2.42%	308	FY 2018-19	49	0.38%		
Jun-20	13,325	120	0.91%	FY 2020-21	13,541	3.93%	512	FY 2019-20 1st Half	(13)	-0.10%		
Jul-20	13,413	88	0.66%	FY 2021-22	13,809	1.98%	268	FY 2019-20 2nd Half	69	0.53%		
Aug-20	13,310	(103)	-0.77%	FY 2022-23	13,652	-1.14%	(157)	FY 2019-20	28	0.21%		
Sep-20	13,376	66	0.50%	FY 2023-24	14,131	3.51%	479	FY 2020-21 1st Half	43	0.33%		
Oct-20	13,433	57	0.43%					FY 2020-21 2nd Half	75	0.58%		
Nov-20	13,481	48	0.36%					FY 2020-21	59	0.46%		
Dec-20	13,584	103	0.76%									
Jan-21	13,587	3	0.02%									
Feb-21	13,619	32	0.24%									
Mar-21	13,632	13	0.10%									
Apr-21	13,653	21	0.15%									
May-21	13,723	70	0.51%									
Jun-21	13,678	(45)	-0.33%									

February 2021 Projection			
FY 2019-20	13,029	2.42%	308
FY 2020-21	13,619	4.53%	590
FY 2021-22	14,038	3.08%	419
FY 2022-23	14,004	-0.24%	(34)

Actuals		
	Monthly Change	% Change
6-month average	16	0.12%
12-month average	29	0.22%
18-month average	42	0.32%
24-month average	29	0.22%

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	42	22	0.37%	0.16%
FY 2021-22 2nd Half	39	13	-0.72%	0.09%
FY 2021-22	40	18	-0.18%	0.13%
FY 2022-23 1st Half	40	(69)	0.38%	-0.50%
FY 2022-23 2nd Half	40	52	0.38%	0.38%
FY 2022-23	40	(9)	0.38%	-0.06%
FY 2023-24 1st Half		53		0.38%
FY 2023-24 2nd Half		54		0.38%
FY 2023-24		53		0.38%

February 2021 Forecast			
Forecasted June 2021 Level		13,955	

Base trend from June 2021 level			
FY 2021-22	13,678	1.01%	137

Individuals to 59 with Disabilities (AND/AB)

Colorado automatically provides Medicaid coverage to individuals who receive Supplemental Security Income. Supplemental Security Income, authorized under Title XVI of the Social Security Act of 1965, is a federal cash assistance program for persons aged 65 and older, blind, or disabled. An individual must have income below the federal monthly maximum Supplemental Security Income limit and limited resources. This category includes the disabled portion of this group through age 59. These individuals: are blind, have a physical or mental impairment that keeps them from performing substantial work expected to last 12 months or result in death, or are children who have a marked and severe functional limitation expected to last 12 months or until death. Children were added to the Title XVI Act in 1972. In addition, states may extend coverage to individuals with incomes too high for Supplemental Security Income, and who meet the nursing facility level of care. Referred to as ‘Three-Hundred Percenters’, these clients have incomes no more than three times the Supplemental Security Income maximum limit, and they meet the level of care to be in a nursing home. Often, ‘Three-Hundred Percenters’ are enrolled in a Home- and Community-Based waiver program.

The 1990 outcome of the *Zebley v. Sullivan* lawsuit found that children could not be held to a higher standard of disability than adults. Zebley required that children’s disability be measured using child-appropriate activities. As a result, the number of children determined to be disabled significantly increased until 1996. Welfare reform in 1996 tightened the disability criteria for children. An Individual Evaluation Plan from the public school system was no longer sufficient to verify disability, and children were required to have a physician document their level of functional impairment. However, any child receiving Supplemental Security Income before 1996 who lost his/her Supplemental Security Income benefits due to the new rules is still eligible for Medicaid. This category also includes disabled adult children age 18 and older who lost their Supplemental Security Income eligibility due to their parents receiving Social Security Administration benefits and disabled widows and widowers aged 50 to 64 who lost Supplemental Security Income due to the receipt of Social Security Administration benefits.

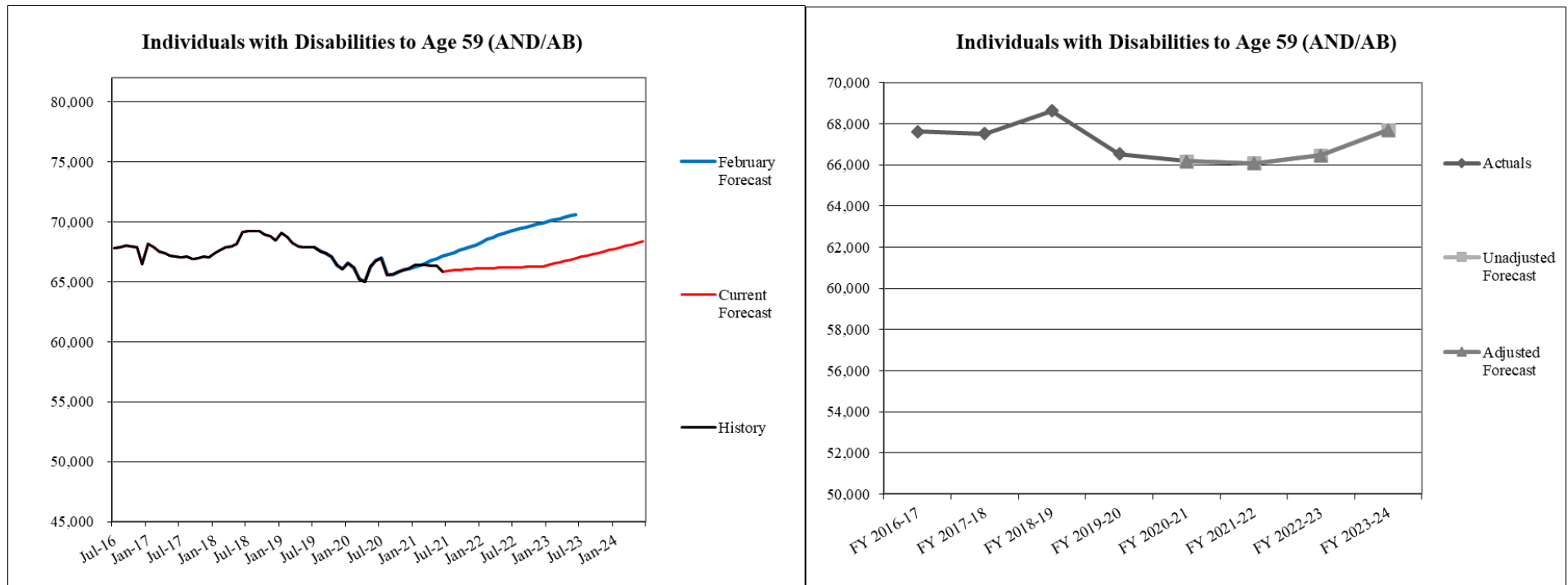
In July 2001, the Med-9 disability determination application process was disbanded due to federal requirements. This process let individuals under 65 who were seeking Medicaid coverage because of a disability experience an expeditious application process as compared to other applicants. By discontinuing the Med-9, clients underwent a more rigorous eligibility determination and caseload fell slightly.

25.5-5-101 (1), C.R.S.

- (f) Individuals receiving supplemental security income;*
- (g) Individuals receiving mandatory state supplement, including but not limited to individuals receiving old age pensions;*
- (h) Institutionalized individuals who were eligible for medical assistance in December 1973;*
- (i) Individuals who would be eligible except for the increase in old-age, survivors, and disability insurance under P.L. 92-336;*
- (j) Individuals who become ineligible for cash assistance as a result of old-age, survivors, and disability insurance cost-of-living increases after April 1977;*
- (k) Disabled widows or widowers fifty through sixty years of age who have become ineligible for federal supplemental security income or state supplementation as a result of becoming eligible for federal social security survivor's benefits, in accordance with the social security act, 42 U.S.C. sec. 1383c;*

25.5-5-201 (1), C.R.S.

- (b) Individuals who would be eligible for cash assistance except for their institutionalized status;*
- (c) Individuals receiving home-and community-based services as specified in part 6 of this article;*
- (f) Individuals receiving only optional state supplement;*
- (g) Individuals in institutions who are eligible under a special income level. Colorado's program for citizens sixty-five years of age or older or physically disabled or blind, whose gross income does not exceed three hundred percent of the current federal supplemental security income benefit level, qualifies for federal funding under this provision;*
- (j) Individuals who are qualified aliens and were or would have been eligible for supplemental security income as a result of a disability but are not eligible for such supplemental security income as a result of the passage of the federal "Personal Responsibility and Work Opportunity Reconciliation Act of 1996", Public Law 104-193;*

Individuals to 59 with Disabilities (AND/AB): Model Results

Individuals with Disabilities to Age 59: Model Results¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change
COVID Model	66,530	66,187	-0.15%	66,090	(97)	28
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change²
COVID Model	66,187	66,090	0.58%	66,470	380	64
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change
COVID Model	66,090	66,470	1.87%	67,714	1,244	115

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Individuals to 59 with Disabilities (AND/AB): Trend Selections

FY 2021-22: -0.15%

FY 2022-23: 0.58%

FY 2023-24: 1.87%

Individuals to 59 with Disabilities (AND/AB): Justifications

- Before the COVID-19 pandemic this population had been declining on average over the last two years. Despite the continuous coverage policy, growth has been sporadic for this population. This is mostly due to a change in the hierarchy of aid codes in the Departments eligibility determination method. The change only affects the order of Medicaid populations that a client is checked against for eligibility determination and does not affect eligibility criteria of the Medicaid populations. Clients now have the potential to enroll in OAP-B and Buy-In for Individuals with Disabilities **before** AND/AB, and the Department has observed in recent months that once cases are redetermined there is increased churn between these groups. The Department does not expect this trend to continue beyond duration of the continuous coverage policy at the same magnitude due to a temporary policy to suspend premiums associated with the Buy-In during the emergency period. Once the emergency period ends, the Department expects members to churn out of Buy-In population to avoid paying premiums. Going forward the Department does expect moderate growth as clients continue to age.
- The Individuals to 59 with Disabilities population continues to experience sporadic churn between the other disabled categories. The Department expects this movement to stabilize after the PHE is over. The Department is forecasting modest growth in anticipation of continued churn between the other disabled categories for the remained of the PHE.
- HB 16-1321 allows for a Medicaid Buy-In option for Supported Living Services waiver (under the Office of Community Living) and the Spinal Cord Injury and Brain Injury waivers under Medical Services Premiums. A negative bottom-line impact has been added to this category to account for clients transitioning from this category to Medicaid Buy-In, with the expanded option for increased employment. The effect of this bottom line impact has been fully absorbed as of the June 2018 data point and is no longer needed.
- This population has historically been stable, having increased by approximately 5,000 clients between FY 1998-99 and FY 2007-08, or an average of 0.8% per year. However, growth rates in this population have increased significantly in the last four fiscal years, with caseload in HCBS waivers showing strong growth. In addition, over the last four years, the number of individuals eligible for Medicaid due to receipt of SSI has represented most of the growth in this eligibility group. The Department believes that this may be related to economic conditions in that individuals with work-limiting disabilities who were employed prior to the recession and have exhausted their federally-extended unemployment benefits may now be applying for Supplemental Security Income (SSI) if they cannot find work.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

Individuals with Disabilities to age 59: Historical Caseload and Projections												
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change		Monthly Average Growth Actuals			
Jun-19	67,901	-	-	FY 2008-09	51,355	-	-		FY 2015-16 1st Half	181	0.32%	
Jul-19	67,860	(41)	-0.06%	FY 2009-10	53,264	3.72%	1,909		FY 2015-16 2nd Half	(154)	-0.22%	
Aug-19	67,557	(303)	-0.45%	FY 2010-11	56,285	5.67%	3,021		FY 2015-16	14	0.05%	
Sep-19	67,382	(175)	-0.26%	FY 2011-12	59,434	5.59%	3,149		FY 2016-17 1st Half	(230)	-0.34%	
Oct-19	67,105	(277)	-0.41%	FY 2012-13	61,920	4.18%	2,486		FY 2016-17 2nd Half	100	0.16%	
Nov-19	66,382	(723)	-1.08%	FY 2013-14	64,424	4.04%	2,504		FY 2016-17	(65)	-0.09%	
Dec-19	66,059	(323)	-0.49%	FY 2014-15	66,548	3.30%	2,124		FY 2017-18 1st Half	(7)	-0.01%	
Jan-20	66,551	492	0.74%	FY 2015-16	68,800	3.38%	2,252		FY 2017-18 2nd Half	344	0.51%	
Feb-20	66,189	(362)	-0.54%	FY 2016-17	67,619	-1.72%	(1,181)		FY 2017-18	168	0.25%	
Mar-20	65,220	(969)	-1.46%	FY 2017-18	67,531	-0.13%	(88)		FY 2018-19 1st Half	(110)	-0.16%	
Apr-20	65,016	(204)	-0.31%	FY 2018-19	68,639	1.64%	1,108		FY 2018-19 2nd Half	(95)	-0.14%	
May-20	66,253	1,237	1.90%	FY 2019-20	66,530	-3.07%	(2,109)		FY 2018-19	(102)	-0.15%	
Jun-20	66,783	530	0.80%	FY 2020-21	66,187	-0.52%	(343)		FY 2019-20 1st Half	(307)	-0.46%	
Jul-20	66,981	198	0.30%	FY 2021-22	66,089	-0.15%	(98)		FY 2019-20 2nd Half	121	0.19%	
Aug-20	65,586	(1,395)	-2.08%	FY 2022-23	66,469	0.58%	380		FY 2019-20	(93)	-0.13%	
Sep-20	65,621	35	0.05%	FY 2023-24	67,714	1.87%	1,245		FY 2020-21 1st Half	(112)	-0.16%	
Oct-20	65,825	204	0.31%						FY 2020-21 2nd Half	(42)	-0.06%	
Nov-20	65,995	170	0.26%						FY 2020-21	(77)	-0.11%	
Dec-20	66,113	118	0.18%									
Jan-21	66,434	321	0.49%									
Feb-21	66,421	(13)	-0.02%									
Mar-21	66,433	12	0.02%									
Apr-21	66,355	(78)	-0.12%									
May-21	66,356	1	0.00%									
Jun-21	65,863	(493)	-0.74%									

February 2021 Forecast			
Forecasted June 2021 Level		66,704	

Base trend from June 2021 level			
FY 2021-22	65,863	-0.49%	(324)

February 2021 Projection Before Adjustments			
FY 2019-20	66,530	-3.07%	(2,109)
FY 2020-21	66,226	-0.46%	(304)
FY 2021-22	67,815	2.40%	1,589
FY 2022-23	69,546	2.55%	1,731

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	156	41	0.23%	0.06%
FY 2021-22 2nd Half	191	15	0.28%	0.02%
FY 2021-22	173	28	0.26%	0.04%
FY 2022-23 1st Half	117	15	0.17%	0.02%
FY 2022-23 2nd Half	119	113	0.17%	0.17%
FY 2022-23	118	64	0.17%	0.10%
FY 2023-24 1st Half		114		0.17%
FY 2023-24 2nd Half		116		0.17%
FY 2023-24		115		0.17%

Working Adults and Children with Disabilities – Buy-In

HB 09-1293 (Colorado Health Care Affordability Act) establishes the Buy-In Program for Individuals with Disabilities, which will allow individuals to pay a premium to purchase Medicaid coverage if they are over income or are otherwise ineligible for Medicaid. The Buy-In Program for Working Adults with Disabilities was implemented on March 1, 2012 and allows eligible clients age 16 to 65 with income up to 450% of the federal poverty level that have a qualifying disability and are working to receive Medicaid by paying a monthly premium based on their income. The Buy-In Program for Disabled Children was implemented on July 1, 2012. This program allows children under age 19 with a qualifying disability and family income up to 300% of the federal poverty level to receive Medicaid by paying a monthly premium based on their family income.

25.5-5-206 (1), C.R.S.

(a) Subject to available appropriations, the state department is authorized to seek federal authorization to and to establish a Medicaid buy-in program or programs for:

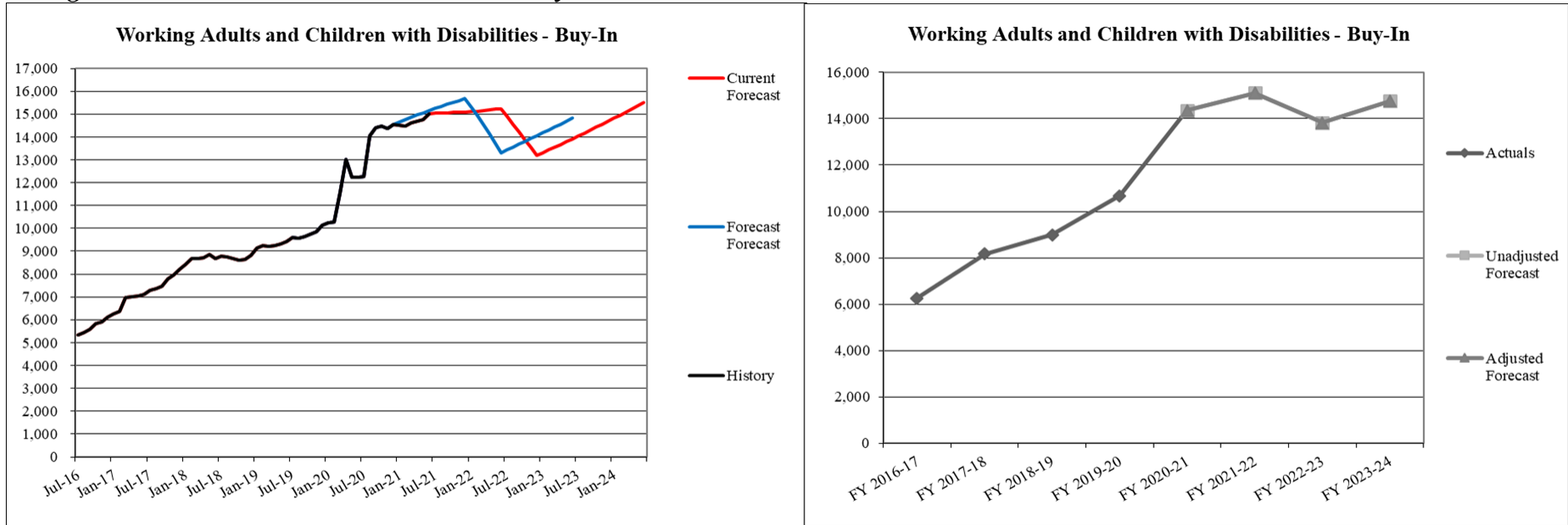
(I) Disabled children; or

(II) Disabled adults who do not qualify for the Medicaid buy-in program established pursuant to part 14 of article 6 of this title.

(b) The Medicaid buy-in program or programs established pursuant to paragraph (a) of this subsection (1) may provide for premium and cost-sharing charges on a sliding fee scale based upon a family's income.

25.5-5-206 (2), C.R.S.

The state board shall promulgate rules consistent with any federal authorization to implement and administer the Medicaid buy-in program or programs established pursuant to paragraph (a) of subsection (1) of this section.

Working Adults and Children with Disabilities – Buy-In: Model Results

Working Adults and Children with Disabilities - Buy-In: Model Results ¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change
COVID Model	10,675	14,347	5.36%	15,116	769	20
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change
COVID Model	14,347	15,116	-8.51%	13,830	(1,286)	(110)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change ²
COVID Model	15,116	13,830	6.75%	14,764	934	132

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Working Adults and Children with Disabilities – Buy-In: Trend Selections

FY 2021-22: 5.36%

FY 2022-23: -8.51%

FY 2023-24: 6.75%

Working Adults and Children with Disabilities – Buy-In: Justifications

- FY 2019-20 growth before the COVID-19 pandemic was stable, averaging close to 100 clients per month. At the beginning of the pandemic there was also a large movement of members from AND/AB into Buy-In, due to a change in the Departments eligibility determination method. The change only affects the order of Medicaid populations that a client will be checked against for eligibility determination and does not affect eligibility criteria of the Medicaid populations. Similar movements will continue to happen through FY 2020-21 as clients' eligibility in these populations are redetermined. Collection of premiums for this group have also been suspended during the public health emergency period. The Department anticipates members will churn into other eligibility groups to avoid paying premiums after the public health emergency ends, meaning there will be a drop in caseload at the end of the public health emergency. Growth for this population therefore, is expected to return to the normal pre-pandemic growth of 120 clients per month. Based on an analysis of data from the clients locked into Medicaid enrollment through the continuous coverage policy the Department did not find this population to be heavily impacted. As such, the Department does not anticipate that this population will experience large disenrollments when the continuous coverage policy ends.
- The Disabled Buy-In population continues to see sporadic churn between Individuals with Disabilities to 59. The Department expects this to stabilize after the PHE is over. The Department is forecasting modest growth in anticipation of continued churn between Individuals with Disabilities to 59 for the remainder of the PHE and post pandemic growth at it historic level of around 1% per month.
- HB 09-1293 established the Buy-In Program for Working Adults with Disabilities beginning March 1, 2012 and for Disabled Children July 1, 2012. This program allows individuals to pay a premium to purchase Medicaid coverage if they are over income or are otherwise ineligible for Medicaid.
- HB 16-1321 allows for a Medicaid Buy-In option for Supported Living Services waiver (under the Office of Community Living) and the Spinal Cord Injury and Brain Injury waivers under Medical Services Premiums.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

Working Adults and Children with Disabilities - Buy-In: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals		
Jun-19	9,415	-	-	FY 2016-17	6,251	-	-					FY 2015-16 1st Half	201	9.4%
Jul-19	9,613	198	2.10%	FY 2017-18	8,175	30.78%	1,924					FY 2015-16 2nd Half	(75)	-1.3%
Aug-19	9,583	(30)	-0.31%	FY 2018-19	8,987	9.93%	812					FY 2015-16	63	4.0%
Sep-19	9,644	61	0.64%	FY 2019-20	10,675	18.78%	1,688					FY 2016-17 1st Half	142	2.5%
Oct-19	9,740	96	1.00%	FY 2020-21	14,347	34.40%	3,672					FY 2016-17 2nd Half	165	2.6%
Nov-19	9,841	101	1.04%	FY 2021-22	15,116	5.36%	769					FY 2016-17	153	2.5%
Dec-19	10,140	299	3.04%	FY 2022-23	13,830	-8.51%	(1,286)					FY 2017-18 1st Half	184	2.44%
Jan-20	10,244	104	1.03%	FY 2023-24	14,763	6.75%	933					FY 2017-18 2nd Half	81	0.98%
Feb-20	10,277	33	0.32%									FY 2017-18	132	1.71%
Mar-20	11,546	1,269	12.35%									FY 2018-19 1st Half	22	0.25%
Apr-20	13,004	1,458	12.63%									FY 2018-19 2nd Half	99	1.10%
May-20	12,220	(784)	-6.03%									FY 2018-19	60	0.68%
Jun-20	12,252	32	0.26%									FY 2019-20 1st Half	121	1.25%
Jul-20	12,259	7	0.06%									FY 2019-20 2nd Half	352	3.43%
Aug-20	14,063	1,804	14.72%									FY 2019-20	236	2.34%
Sep-20	14,398	335	2.38%									FY 2020-21 1st Half	381	3.02%
Oct-20	14,484	86	0.60%									FY 2020-21 2nd Half	78	0.53%
Nov-20	14,355	(129)	-0.89%									FY 2020-21	229	1.78%
Dec-20	14,535	180	1.25%											
Jan-21	14,508	(27)	-0.19%											
Feb-21	14,489	(19)	-0.13%											
Mar-21	14,608	119	0.82%											
Apr-21	14,695	87	0.60%											
May-21	14,767	72	0.49%											
Jun-21	15,005	238	1.61%											

MAGI Parents/Caretakers to 68% FPL

One of the primary ways that adults have historically qualified for Medicaid is through Section 1931 of the federal Medicaid statute. Under Section 1931, families who were eligible for cash welfare assistance under the Aid to Families with Dependent Children program are still eligible for Medicaid even after the Aid to Families with Dependent Children program was discontinued. Aid to Families with Dependent Children was replaced by the Temporary Assistance for Needy Families program (referred to as Colorado Works) on July 16, 1996. Clients enrolled in the Temporary Assistance for Needy Families program are no longer automatically eligible for Medicaid. Therefore, the MAGI Parents/Caretakers to 68% FPL category includes adults who receive Medicaid under Section 1931 and those families who receive Temporary Aid to Needy Families financial assistance coupled with Medicaid. Also included in this category are adults receiving Transitional Medicaid. Transitional Medicaid is available to adults in families who have received 1931 Medicaid in three of the past six months and become ineligible due to an increase in earned income. Adults may receive Transitional Medicaid benefits for one year. In FY 2016-17, there were an average of 40,955 adults in this program. Although this program has been set to expire many times, it has been renewed regularly, though most recently it was made permanent.

Before 1999, caseload in this category was falling. Decreases in caseload can be attributed to economic expansion and effects of the Personal Responsibility Work and Opportunity Reconciliation Act, known as welfare reform. When welfare reform was instituted in Colorado in 1997, the link between cash assistance for welfare and Medicaid was broken. When the Department implemented this change into the Client Oriented Information Network eligibility data system, it was estimated that 46,006¹¹ clients had their cases closed in error. In reaction, the Tatum lawsuit was brought against the State. Starting in May 2001, the Department began to reinstate clients who inadvertently lost their Medicaid eligibility. This may help to explain why from 1997 to 1999 caseload fell, and may have contributed to a spike in caseload in FY 2001-02. For a complete explanation of the Tatum lawsuit, see the November 1, 2001 Budget Request, pages A-37 to A-38.

HB 05-1262 (Tobacco Tax bill) allows for expanding Medicaid eligibility to parents of children enrolled in either Medicaid or the Children's Basic Health Plan up to 60% of the federal poverty level (FPL). The increase in the percentage of allowable federal poverty level was implemented on July 1, 2006.

¹¹ Source: November 1, 2001 Budget Request, page A-37
Page MC-36

25.5-5-101 (1), C.R.S.

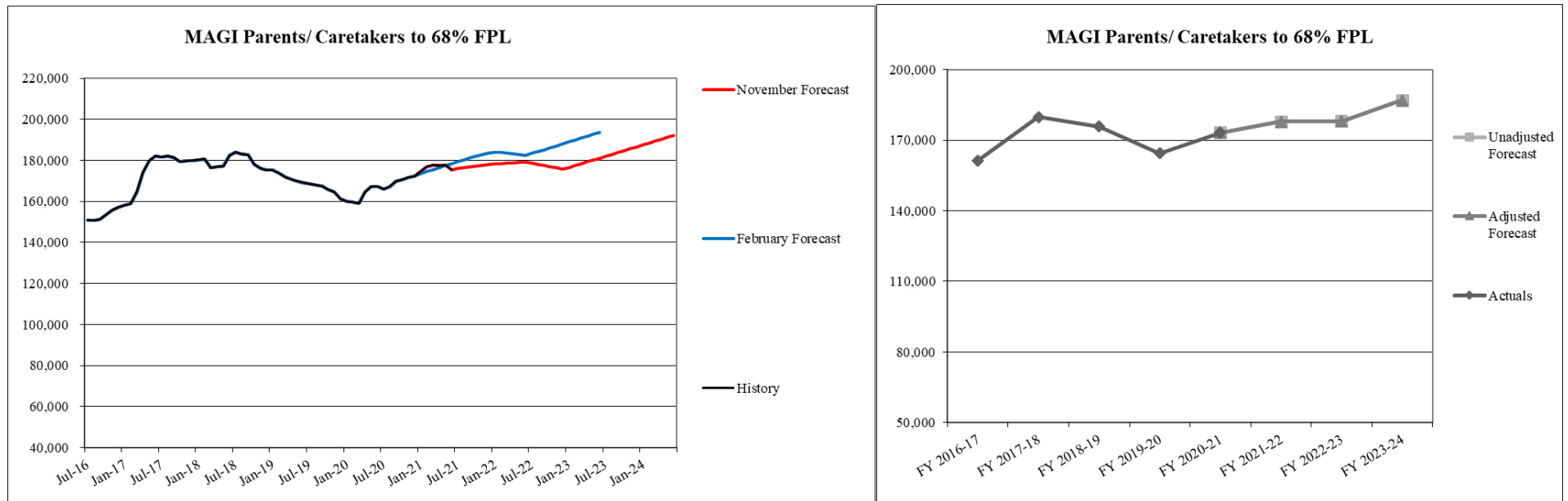
- (a) Individuals who meet the eligibility criteria for the aid to families with dependent children program pursuant to rules that were in effect on July 16, 1996;*
- (b) Families who meet the eligibility criteria for the aid to families with dependent children program established in rules that were in effect on July 16, 1996, and who subsequently would have become ineligible under such eligibility criteria because of increased earnings or increased hours of employment whose eligibility is specified for a period of time by the federal government;*
- (c) Qualified pregnant women . . . who meet the income resource requirements of the state's aid to families with dependent children program pursuant to rules that were in effect on July 16, 1996;*

25.5-5-201 (1), C.R.S.

- (a) Individuals who would be eligible for but are not receiving cash assistance;*
- (d) Individuals who would be eligible for aid to families with dependent children if child care were paid from earnings;*
- (h) Persons who are eligible for cash assistance under the works program pursuant to section 26-2-706;*

25.5-5-201 (1), C.R.S.

- (m) (I)(A) Parents of children who are eligible for the medical assistance program or the children's basic health plan, article 8 of this title, whose family income does not exceed a specified percent of the federal poverty level, adjusted for family size, as set by the state board by rule, which percentage shall be not less than one hundred percent;*

MAGI Parents/Caretakers to 68% FPL: Model Results

MAGI Parents/ Caretakers to 68% FPL: Model Results¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change²
COVID Model	164,467	173,150	2.74%	177,900	4,750	306
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change²
COVID Model	173,150	177,900	0.07%	178,019	119	156
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change²
COVID Model	177,900	178,019	5.09%	187,079	9,060	931

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Parents/Caretakers to 68% FPL: Trend Selections

FY 2021-22: 2.74%

FY 2022-23: 0.07%

FY 2023-24: 5.09%

MAGI Parents/Caretakers to 68% FPL: Justifications

- FY 2019-20 growth of this population before the COVID-19 pandemic was negative, with caseload falling by almost 1,000 clients per month. Since the beginning of the pandemic this population experienced high growth but in the most recent months clients moved from this population to expansion adults. The Department is expecting that the end of the continuous coverage policy will not substantially reduce caseload for this population and any reduction would be overtaken by caseload increases due to loss of income.
- Parents and Caretakers to 68% has been churning frequently between expansion adults, with a large number of Parents and Caretakers to 68% moving to expansion adults in June 2021. This population peaked in July 2018 at 183,930 clients and the Department does not expect growth to greatly exceed the historical peak. The Department is forecasting moderate growth even as this churn continues through the PHE.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

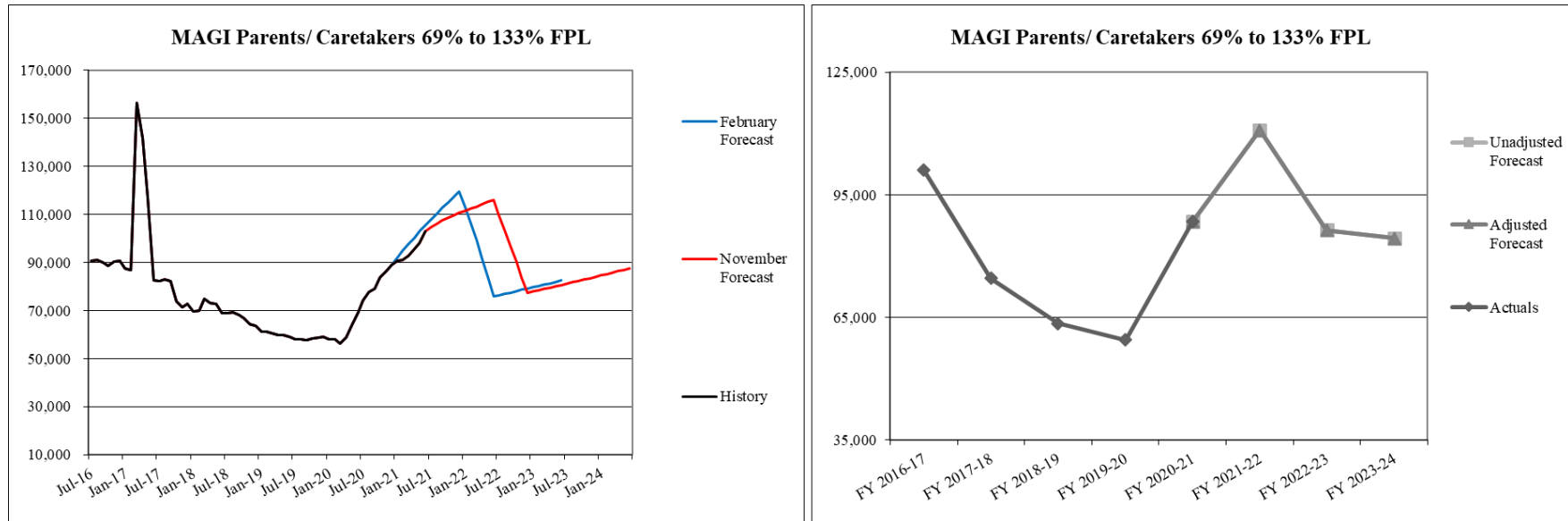
MAGI Parents/ Caretakers to 68% FPL: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals		
Jun-19	169,089	-	-	FY 2008-09	61,874	-	-					FY 2015-16 1st Half	(1,137)	-0.68%
Jul-19	168,544	(545)	-0.32%	FY 2009-10	74,839	20.95%	12,965					FY 2015-16 2nd Half	(1,735)	-1.08%
Aug-19	167,960	(584)	-0.35%	FY 2010-11	81,114	8.38%	6,275					FY 2015-16	(1,436)	-0.88%
Sep-19	167,359	(601)	-0.36%	FY 2011-12	93,224	14.93%	12,110					FY 2016-17 1st Half	746	0.49%
Oct-19	165,851	(1,508)	-0.90%	FY 2012-13	99,392	6.62%	6,168					FY 2016-17 2nd Half	4,163	2.51%
Nov-19	164,578	(1,273)	-0.77%	FY 2013-14	124,680	25.44%	25,288					FY 2016-17	2,454	1.50%
Dec-19	161,286	(3,292)	-2.00%	FY 2014-15	161,682	29.68%	37,002					FY 2017-18 1st Half	(376)	-0.21%
Jan-20	160,061	(1,225)	-0.76%	FY 2015-16	163,342	1.03%	1,660					FY 2017-18 2nd Half	420	0.24%
Feb-20	159,654	(407)	-0.25%	FY 2016-17	161,422	-1.18%	(1,920)					FY 2017-18	22	0.02%
Mar-20	159,152	(502)	-0.31%	FY 2017-18	179,853	11.42%	18,431					FY 2018-19 1st Half	(1,183)	-0.65%
Apr-20	164,601	5,449	3.42%	FY 2018-19	175,827	-2.24%	(4,026)					FY 2018-19 2nd Half	(1,035)	-0.60%
May-20	167,303	2,702	1.64%	FY 2019-20	164,467	-6.46%	(11,360)					FY 2018-19	(1,109)	-0.63%
Jun-20	167,257	(46)	-0.03%	FY 2020-21	173,150	5.28%	8,683					FY 2019-20 1st Half	(1,301)	-0.78%
Jul-20	166,034	(1,223)	-0.73%	FY 2021-22	177,899	2.74%	4,749					FY 2019-20 2nd Half	995	0.62%
Aug-20	167,283	1,249	0.75%	FY 2022-23	178,019	0.07%	120					FY 2019-20	(153)	-0.08%
Sep-20	169,873	2,590	1.55%	FY 2023-24	187,079	5.09%	9,060					FY 2020-21 1st Half	847	0.50%
Oct-20	170,593	720	0.42%									FY 2020-21 2nd Half	535	0.31%
Nov-20	171,651	1,058	0.62%									FY 2020-21	691	0.41%
Dec-20	172,340	689	0.40%											
Jan-21	174,619	2,279	1.32%											
Feb-21	177,036	2,417	1.38%											
Mar-21	177,776	740	0.42%											
Apr-21	177,431	(345)	-0.19%											
May-21	177,618	187	0.11%											
Jun-21	175,547	(2,071)	-1.17%											

MAGI Parents/Caretakers 69% to 133% FPL

HB 09-1293 (Colorado Health Care Affordability Act) allowed for expanding Medicaid eligibility to parents of children enrolled in either Medicaid or the Children's Basic Health Plan up to 100% of the federal poverty level (FPL). The increase in the percentage of allowable federal poverty level was implemented on May 1, 2010. Medicaid Expansion SB 13-200 further expanded this population to 133% and the Department has changed the category Expansion Adults to 100% FPL to MAGI Parents/Caretakers 69% to 133% FPL to track these clients.

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(m) Parents and caretaker relatives of children who are eligible for the medical assistance program whose family income does not exceed one hundred thirty-three percent of the federal poverty line, adjusted for family size;

MAGI Parents/Caretakers 69% to 133% FPL: Model Results

MAGI Parents/ Caretakers 69% to 133% FPL: Model Results¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change²
COVID Model	59,499	88,429	25.31%	110,811	22,382	1,077
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change²
COVID Model	88,429	110,811	-22.05%	86,381	(24,430)	(2,947)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change²
COVID Model	110,811	86,381	-2.34%	84,358	(2,023)	578

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Parents/Caretakers 69% to 133% FPL: Trend Selections

FY 2021-22: 25.31%
FY 2022-23: -22.05%
FY 2023-24: -2.34%

MAGI Parents/Caretakers 69% to 133% FPL: Justifications and Monthly Projections

- FY 2019-20 growth of this population before the COVID-19 pandemic was negative but had been flattening out with some sporadic caseload growth. Since the beginning of the pandemic, this population experienced high growth. The Department is expecting that the end of the continuous coverage policy will result in a substantial reduction in caseload for this population based on the Departments' analysis of clients affected by the continuous coverage policy. Because this is an income sensitive population, the Department is expecting strong growth due to the ongoing economic conditions caused by the global pandemic and expects caseload to increase through 2023-24.
- Growth over the last 6 months has been in line with the Department expectations in the previous forecast, only coming slightly higher. The Department expect most of this growth to continue but that it will gradually decline as the public health emergency continues. There are many individuals in the income sensitive groups that continually churn in and out of Medicaid eligibility over the years. The continuous coverage policy will keep these individuals locked into Medicaid, which will slow down growth in this population during the public health emergency. The Department expects this trend to continue to the end of 2021 since it is anticipated the public health emergency will be extended through December 2021.
- The FY 2022-23 and FY 2023-24 growth expectations have been maintained from the previous forecast (with adjustments for differences in timeline assumptions around the PHE) due to expectations of the economy recovering at a faster pace.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

MAGI Parents/ Caretakers 69% to 133% FPL: Historical Caseload and Projections																			
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals			Clients 108%-133% FPL				
Jun-19	59,246	-	-	FY 2014-15	71,989	-	-					FY 2015-16 1st Half	1,419	1.72%	Jun-19	31,221			
Jul-19	58,061	(1,185)	-2.00%	FY 2015-16	86,964	20.80%	14,975					FY 2015-16 2nd Half	960	1.07%	Jul-19	31,205			
Aug-19	57,931	(130)	-0.22%	FY 2016-17	101,059	16.21%	14,095					FY 2015-16	1,189	1.40%	Aug-19	31,192			
Sep-19	57,640	(291)	-0.50%	FY 2017-18	74,610	-26.17%	(26,449)					FY 2016-17 1st Half	(430)	-0.45%	Sep-19	31,179			
Oct-19	58,277	637	1.11%	FY 2018-19	63,563	-14.81%	(11,047)					FY 2016-17 2nd Half	(1,353)	3.22%	Oct-19	31,169			
Nov-19	58,658	381	0.65%	FY 2019-20	59,499	-6.39%	(4,064)					FY 2016-17	(891)	1.38%	Nov-19	31,161			
Dec-19	59,126	468	0.80%	FY 2020-21	88,429	48.62%	28,930					FY 2017-18 1st Half	(1,612)	-1.97%	Dec-19	31,155			
Jan-20	58,152	(974)	-1.65%	FY 2021-22	110,811	25.31%	22,382					FY 2017-18 2nd Half	(688)	-0.89%	Jan-20	31,149			
Feb-20	57,851	(301)	-0.52%	FY 2022-23	86,381	-22.05%	(24,430)					FY 2017-18	(1,150)	-1.43%	Feb-20	31,144			
Mar-20	56,350	(1,501)	-2.59%	FY 2023-24	84,358	-2.34%	(2,023)					FY 2018-19 1st Half	(859)	-1.28%	Mar-20	31,140			
Apr-20	58,902	2,552	4.53%									FY 2018-19 2nd Half	(737)	-1.18%	Apr-20	31,137			
May-20	63,964	5,062	8.59%									FY 2018-19	(798)	-1.23%	May-20	31,134			
Jun-20	69,076	5,112	7.99%									FY 2019-20 1st Half	(20)	-0.03%	Jun-20	31,132			
Jul-20	74,285	5,209	7.54%									FY 2019-20 2nd Half	1,658	2.73%	Jul-20	31,130			
Aug-20	77,629	3,344	4.50%									FY 2019-20	819	1.35%	Aug-20	31,129			
Sep-20	79,159	1,530	1.97%									FY 2020-21 1st Half	3,331	4.34%	Sep-20	31,127			
Oct-20	83,760	4,601	5.81%									FY 2020-21 2nd Half	2,339	2.48%	Oct-20	31,126			
Nov-20	86,094	2,334	2.79%									FY 2020-21	2,835	3.41%	Nov-20	31,125			
Dec-20	89,059	2,965	3.44%												Dec-20	31,125			
Jan-21	90,560	1,501	1.69%												Jan-21	31,124			
Feb-21	91,158	598	0.66%												Feb-21	31,124			
Mar-21	92,781	1,623	1.78%												Mar-21	31,123			
Apr-21	95,604	2,823	3.04%												Apr-21	31,123			
May-21	97,968	2,364	2.47%												May-21	31,123			
Jun-21	103,093	5,125	5.23%												Jun-21	31,122			
February 2021 Forecast												Monthly Average Growth Comparisons							
Forecasted June 2021 Level				105,479								Request		Monthly Change		Percent Change			
														S-1	R-1	S-1	R-1		
												FY 2021-22 1st Half		2,309	1,243	2.08%	1.17%		
												FY 2021-22 2nd Half		(7,030)	911	-7.25%	0.81%		
												FY 2021-22		(2,361)	1,077	-2.58%	0.99%		
												FY 2022-23 1st Half		509	(6,438)	0.69%	-6.52%		
												FY 2022-23 2nd Half		530	543	0.69%	0.69%		
												FY 2022-23		519	(2,947)	0.69%	-2.92%		
												FY 2023-24 1st Half			566		0.69%		
												FY 2023-24 2nd Half			590		0.69%		
												FY 2023-24			578		0.69%		
Base trend from June 2021 level																			
FY 2021-22	103,093	16.58%	14,664																

Actuals		
	Monthly Change	% Change
6-month average	2,339	2.48%
12-month average	2,835	3.41%
18-month average	2,443	3.18%
24-month average	1,827	2.38%

February 2021 Projection Before Adjustments			
FY 2019-20	59,499	-6.39%	(4,064)
FY 2020-21	90,261	51.70%	30,762
FY 2021-22	104,356	15.62%	14,095
FY 2022-23	79,420	-23.90%	(24,936)

Monthly Average Growth Actuals		
FY 2015-16 1st Half	1,419	1.72%
FY 2015-16 2nd Half	960	1.07%
FY 2015-16	1,189	1.40%
FY 2016-17 1st Half	(430)	-0.45%
FY 2016-17 2nd Half	(1,353)	3.22%
FY 2016-17	(891)	1.38%
FY 2017-18 1st Half	(1,612)	-1.97%
FY 2017-18 2nd Half	(688)	-0.89%
FY 2017-18	(1,150)	-1.43%
FY 2018-19 1st Half	(859)	-1.28%
FY 2018-19 2nd Half	(737)	-1.18%
FY 2018-19	(798)	-1.23%
FY 2019-20 1st Half	(20)	-0.03%
FY 2019-20 2nd Half	1,658	2.73%
FY 2019-20	819	1.35%
FY 2020-21 1st Half	3,331	4.34%
FY 2020-21 2nd Half	2,339	2.48%
FY 2020-21	2,835	3.41%

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	2,309	1,243	2.08%	1.17%
FY 2021-22 2nd Half	(7,030)	911	-7.25%	0.81%
FY 2021-22	(2,361)	1,077	-2.58%	0.99%
FY 2022-23 1st Half	509	(6,438)	0.69%	-6.52%
FY 2022-23 2nd Half	530	543	0.69%	0.69%
FY 2022-23	519	(2,947)	0.69%	-2.92%
FY 2023-24 1st Half		566		0.69%
FY 2023-24 2nd Half		590		0.69%
FY 2023-24		578		0.69%

MAGI Adults

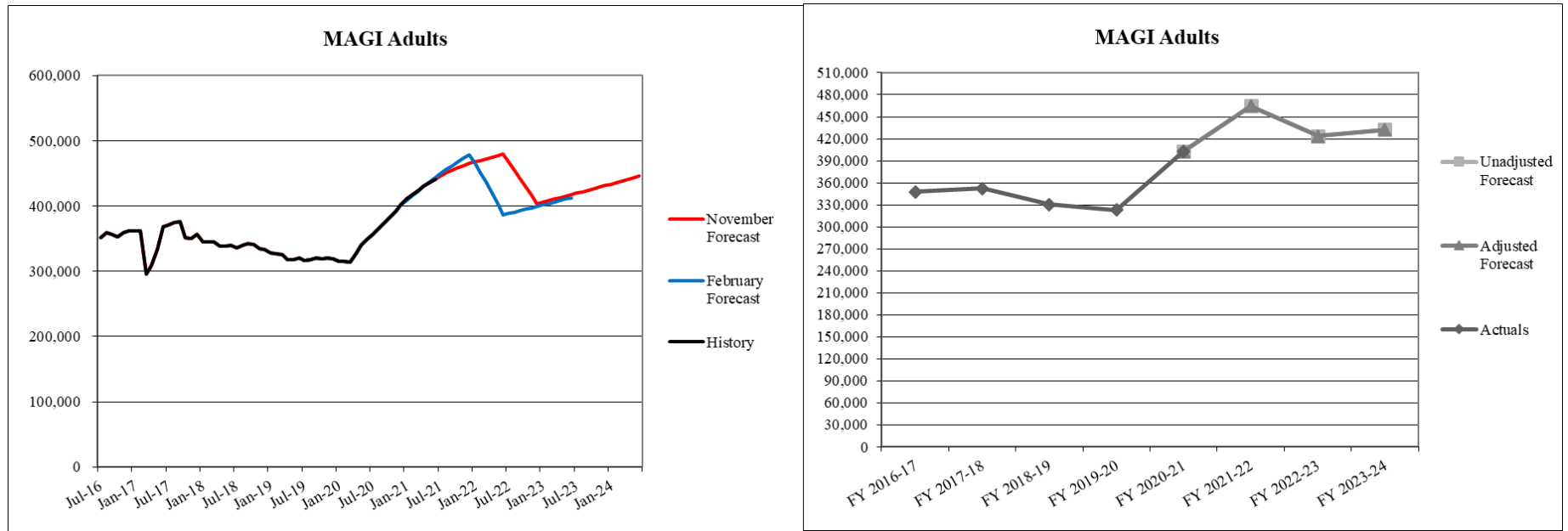
HB 09-1293 (Colorado Health Care Affordability Act) authorizes the Department to expand Medicaid eligibility to Adults without Dependent Children (AwDC), now referred to as MAGI Adults, age 19 to 65 who are not eligible for Medicaid or Medicare with income up to 100% of the federal poverty level (FPL). The Department implemented the first stage of this expansion in May 2012, in which enrollment initially opened to individuals with income up to 10% FPL and enrollment was limited to 10,000.

Due to the availability of funding in the FFY 2012-13 Hospital Provider Fee model, the Department planned to gradually increase the number of MAGI Adults served under 10% FPL in FY 2012-13 and FY 2013-14. The Department intended to enroll an additional 3,000 individuals from the wait list in April 2013, followed by 1,250 additional individuals per month from May through September 2013, setting the enrollment cap at 19,250 clients.

Beginning in January 2014, this enrollment cap was lifted under SB 13-200 Medicaid expansion, and the FPL for this category was extended through 133%. Aggressive growth has been seen for this eligibility since the implementation of Medicaid expansion.

25.5-5-201 (1), C.R.S.

(p) Subject to federal approval, adults who are childless or without a dependent child in the home, as described in section 1902 (a) (10) (A) (i) (VIII) of the social security act, 42 U.S.C. sec. 1396a, who have attained nineteen years of age but have not attained sixty-five years of age, and whose family income does not exceed one hundred thirty-three percent of the federal poverty line, adjusted for family size;

MAGI Adults: Model Results

MAGI Adults: Model Results¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change²
COVID Model	322,951	402,847	15.43%	464,992	62,145	3,158
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change²
COVID Model	402,847	464,992	-8.90%	423,613	(41,379)	(5,164)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change²
COVID Model	464,992	423,613	2.15%	432,709	9,096	2,367

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Adults: Trend Selections

FY 2021-22: 15.43%

FY 2022-23: -8.90%

FY 2023-24: 2.15%

MAGI Adults: Justifications and Monthly Projections

- FY 2019-20 growth of this population before the COVID-19 pandemic was negative but had been flattening out with some sporadic caseload growth. Since the beginning of the pandemic, this population experienced high growth. The Department is expecting that the end of the continuous coverage policy will result in a substantial reduction in caseload for this population based on the Departments' analysis of clients affected by the continuous coverage policy. Because this is an income sensitive population, the Department is expecting strong growth due to the ongoing economic conditions caused by the global pandemic and expects caseload to increase through 2023-24.
- Growth over the last 6 months has been just slightly higher than the Department expectations in the previous forecast. The Department expect most of this growth to continue but that it will gradually decline as the public health emergency continues. There are many individuals in the income sensitive groups that continually churn in and out of Medicaid eligibility over the years. Due to the continuous coverage policy keeping these individuals locked into Medicaid, the Department expects there will be a decay in the monthly number of new individuals who join during the public health emergency.
- The FY 2022-23 and FY 2023-24 growth expectations have been maintained from the previous forecast due to expectations of the economy recovering at a faster rate.
- Beginning March 2017, a system error caused clients in this population to move to the MAGI Parents/Caretakers 69-133% FPL population. This issue was resolved by June 2017 and can be seen clearly in the dip on the graph on page MC-68.

MAGI Adults: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals		
Jun-19	320,219	-	-	FY 2016-17	347,848	-	-					FY 2015-16 1st Half	6,197	2.08%
Jul-19	316,042	(4,177)	-1.30%	FY 2017-18	352,607	1.37%	4,759					FY 2015-16 2nd Half	5,051	1.52%
Aug-19	318,314	2,272	0.72%	FY 2018-19	330,525	-6.26%	(22,082)					FY 2015-16	5,624	1.80%
Sep-19	320,213	1,899	0.60%	FY 2019-20	322,951	-2.29%	(7,574)					FY 2016-17 1st Half	1,966	0.56%
Oct-19	319,577	(636)	-0.20%	FY 2020-21	402,847	24.74%	79,896					FY 2016-17 2nd Half	1,016	0.74%
Nov-19	320,755	1,178	0.37%	FY 2021-22	464,992	15.43%	62,145					FY 2016-17	1,491	0.65%
Dec-19	319,312	(1,443)	-0.45%	FY 2022-23	423,613	-8.90%	(41,379)					FY 2017-18 1st Half	(2,019)	-0.52%
Jan-20	315,372	(3,940)	-1.23%	FY 2023-24	432,710	2.15%	9,097					FY 2017-18 2nd Half	(2,706)	-0.77%
Feb-20	315,302	(70)	-0.02%									FY 2017-18	(2,363)	-0.64%
Mar-20	313,931	(1,371)	-0.43%									FY 2018-19 1st Half	(1,013)	-0.29%
Apr-20	327,329	13,398	4.27%									FY 2018-19 2nd Half	(2,273)	-0.69%
May-20	340,281	12,952	3.96%									FY 2018-19	(1,643)	-0.49%
Jun-20	348,982	8,701	2.56%									FY 2019-20 1st Half	(151)	-0.04%
Jul-20	357,091	8,109	2.32%									FY 2019-20 2nd Half	4,945	1.52%
Aug-20	366,450	9,359	2.62%									FY 2019-20	2,397	0.74%
Sep-20	373,840	7,390	2.02%									FY 2020-21 1st Half	8,761	2.37%
Oct-20	382,671	8,831	2.36%									FY 2020-21 2nd Half	6,667	1.60%
Nov-20	391,656	8,985	2.35%									FY 2020-21	7,714	1.98%
Dec-20	401,547	9,891	2.53%											
Jan-21	411,226	9,679	2.41%											
Feb-21	418,052	6,826	1.66%											
Mar-21	424,627	6,575	1.57%											
Apr-21	430,160	5,533	1.30%											
May-21	435,288	5,128	1.19%											
Jun-21	441,550	6,262	1.44%											
February 2021 Forecast														
Forecasted June 2021 Level			443,645											
Base trend from June 2021 level														
FY 2021-22	441,550	9.61%	38,703											

Breast and Cervical Cancer Program

The Breast and Cervical Cancer Treatment Program (BCCP) was authorized under SB 01S2-012 and began enrolling eligible women in July 2002. Women under this optional coverage group were screened using the Centers for Disease Control's national breast and cervical cancer early detection and prevention guidelines, and found to have breast or cervical cancer. These women are between the ages of 40 and 64, uninsured, and otherwise not eligible for Medicaid. The Colorado Department of Public Health and Environment (CDPHE) administers the screening program as a grantee of the Centers of Disease Control. Regulations for the nationwide screening program indicate that the program is for low-income women, which CDPHE has interpreted to be less than 250% of the federal poverty level. To date, all 50 states have approved the option of covering these women under Medicaid.

HB 14-1045 most recently extended State authorization of this program. With the approval of CDPHE's FY 2016-17 R-4 in the FY 2016-17 Long Bill (HB 16-1405), the age range for cervical cancer screenings and treatment was extended to include women ages 21 to 39.

25.5-5-308 (1), C.R.S.

The general assembly hereby finds and declares that breast and cervical cancer are significant health problems for women in this state. The general assembly further finds and declares that these cancers can and should be prevented and treated whenever possible. It is therefore the intent of the general assembly to enact this section to provide for the prevention and treatment of breast and cervical cancer to women where it is not otherwise available for reasons of cost.

25.5-5-308 (2), C.R.S.

As used in this section, unless the context otherwise requires:

(a) "Eligible person" means a person who:

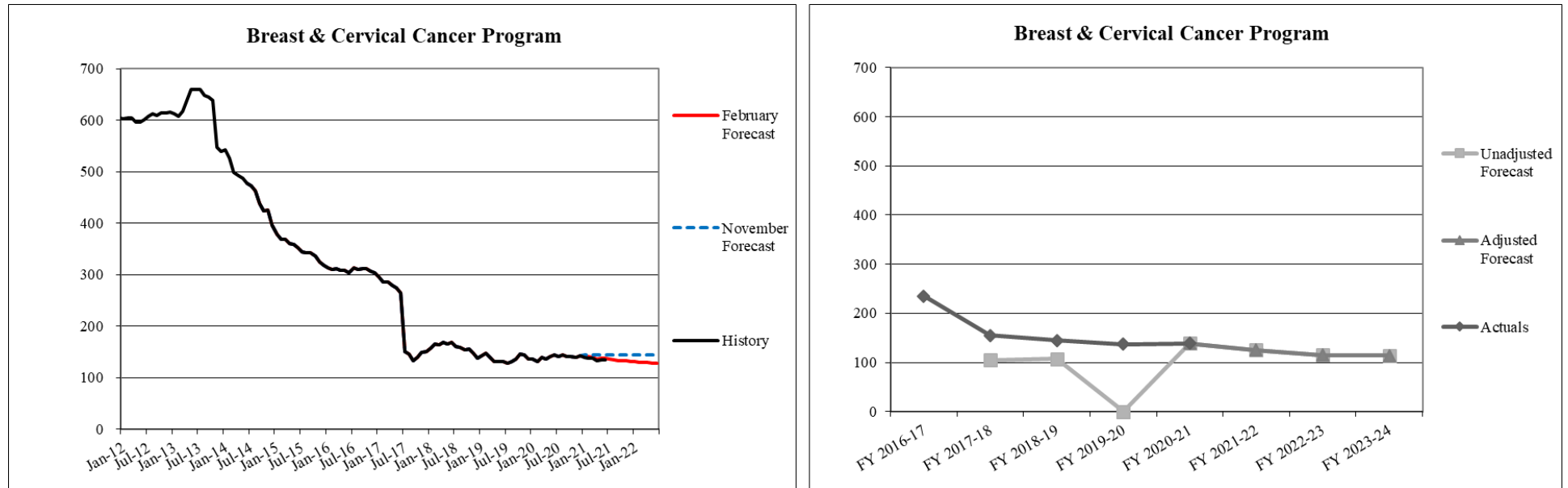
(I)(A) Has been screened for breast or cervical cancer under the centers for disease control and prevention's national breast and cervical cancer early detection program established under Title XV of the federal "Public Health Service Act", 42 U.S.C. sec. 300k et seq., in accordance with the requirements of section 1504 of such act, 42 U.S.C. sec. 300n, on or after July 1, 2002, unless the centers for Medicare and Medicaid services approves the state department's amendment to the medical assistance plan and the state department is able to implement the breast and cervical cancer prevention and treatment program before such date, then the person must be screened on or after the implementation date of such program; or

(B) Has been screened for breast or cervical cancer by a provider who does not receive funds through the centers for disease control and prevention's national breast and cervical cancer early detection program but whose screening activities are recognized by the department of public health and environment as part of screening activities under the centers for disease control and prevention's national breast and cervical cancer early detection program. This sub-subparagraph (B) shall apply only if the state department receives authority to receive federal financial participation for such persons. The state department shall request authority for federal financial participation when the state department determines that the amount of moneys accumulated in the eligibility expansion account created in paragraph (c) of subsection (8) of this section, including any amounts pledged or promised through a gift, grant, or donation, is sufficient to sustain the projected number of additional persons who would be eligible for the program under this sub-subparagraph (B).

(II) Has been diagnosed with breast or cervical cancer and is in need of breast or cervical cancer treatment;

(III) Has not yet attained sixty-five years of age; and

(IV) Does not have any creditable coverage as defined under federal law pursuant to 42 U.S.C. sec. 300gg (c).

Breast and Cervical Cancer Program: Model Results

Breast and Cervical Cancer Program: Model Results¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change²
COVID Model	137	139	-10.07%	125	(14)	(1)
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change²
COVID Model	139	125	-8.00%	115	(10)	0
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change²
COVID Model	125	115	-0.87%	114	(1)	0

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Breast and Cervical Cancer Program:

FY 2021-22: -10.07%

FY 2022-23: -8.00%

FY 2023-24: -0.87%

Breast and Cervical Cancer Program: Justifications

- Due to the unique qualifications of this population, the Department does not believe this population will be significantly impacted by the COVID-19 pandemic and the corresponding economic conditions caused by the global pandemic. Recent actuals align with pre-pandemic trends and the Department expects low growth to resume as normal.
- The expansion in MAGI Adults on January 2014 resulted in clients who were already on BCCP to move to the MAGI Adults category. Following guidance from CMS, the Department manually moved clients from MAGI Adults to BCCP based on clients being in the BCCP program on December 2013 and clients not having a break in their Medicaid eligibility. The Department did not account for breaks in cancer treatment, the third criteria for a client to no longer be eligible for this manual adjustment. In June 2017, the Department performed analysis on the base list of BCCP clients who were on Medicaid in December 2013 and found that all clients in the list had a break in treatment of at least one month. Based on this analysis, the Department is no longer performing this manual adjustment, effective July 1, 2017, and the forecast has been adjusted accordingly.

Breast and Cervical Cancer Program: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change	There very little movement in this population year over year.				Monthly Average Growth Actuals		
Jun-19	131	-	-	FY 2008-09	317	-	-					FY 2015-16 1st Half	(6)	-1.67%
Jul-19	127	(4)	-3.05%	FY 2009-10	425	34.07%	108	FY 2015-16 2nd Half	(2)	-0.75%				
Aug-19	131	4	3.15%	FY 2010-11	531	24.94%	106	FY 2015-16	(4)	-1.21%				
Sep-19	136	5	3.82%	FY 2011-12	597	12.43%	66	FY 2016-17 1st Half	(0)	-0.04%				
Oct-19	146	10	7.35%	FY 2012-13	623	4.36%	26	FY 2016-17 2nd Half	(7)	-2.26%				
Nov-19	144	(2)	-1.37%	FY 2013-14	559	-10.27%	(64)	FY 2016-17	(3)	-1.15%				
Dec-19	136	(8)	-5.56%	FY 2014-15	351	-37.21%	(208)	FY 2017-18 1st Half	(19)	-6.94%				
Jan-20	136	0	0.00%	FY 2015-16	322	-8.26%	(29)	FY 2017-18 2nd Half	3	1.93%				
Feb-20	131	(5)	-3.68%	FY 2016-17	235	-27.02%	(87)	FY 2017-18	(8)	-2.50%				
Mar-20	139	8	6.11%	FY 2017-18	155	-34.04%	(80)	FY 2018-19 1st Half	(5)	-3.29%				
Apr-20	136	(3)	-2.16%	FY 2018-19	145	-6.67%	(10)	FY 2018-19 2nd Half	(1)	-0.79%				
May-20	141	5	3.68%	FY 2019-20	137	-5.30%	(8)	FY 2018-19	(3)	-2.04%				
Jun-20	144	3	2.13%	FY 2020-21	139	1.46%	2	FY 2019-20 1st Half	1	0.72%				
Jul-20	141	(3)	-2.08%	FY 2021-22	125	-10.07%	(14)	FY 2019-20 2nd Half	1	1.01%				
Aug-20	144	3	2.13%	FY 2022-23	115	-8.00%	(10)	FY 2019-20	1	0.87%				
Sep-20	141	(3)	-2.08%	FY 2023-24	114	-0.87%	(1)	FY 2020-21 1st Half	(0)	-0.10%				
Oct-20	141	0	0.00%					FY 2020-21 2nd Half	(1)	-0.66%				
Nov-20	140	(1)	-0.71%					FY 2020-21	(1)	-0.38%				
Dec-20	143	3	2.14%											
Jan-21	140	(3)	-2.10%											
Feb-21	138	(2)	-1.43%											
Mar-21	137	(1)	-0.72%											
Apr-21	132	(5)	-3.65%											
May-21	135	3	2.27%											
Jun-21	134	(1)	-0.74%											
February 2021 Forecast														
Forecasted June 2021 Level										145				
Base trend from June 2021 level														
FY 2021-22	134	-3.60%	(5)											
Actuals														
	Monthly Change	% Change												
6-month average	(2)	-1.06%												
12-month average	(1)	-0.58%												
18-month average	0	-0.05%												
24-month average	0	0.14%												
February 2021 Projection After Adjustments														
FY 2019-20	137	-5.30%	(8)											
FY 2020-21	143	4.38%	6											
FY 2021-22	144	0.70%	1											
FY 2022-23	145	0.69%	1											
Monthly Average Growth Comparisons														
Request	Monthly Change		Percent Change											
	S-1	R-1	S-1	R-1										
FY 2021-22 1st Half	(0)	(2)	-0.12%	-1.15%										
FY 2021-22 2nd Half	0	(1)	0.12%	-0.68%										
FY 2021-22	(0)	(1)	0.00%	-0.91%										
FY 2022-23 1st Half	0	(1)	0.00%	-1.00%										
FY 2022-23 2nd Half	0	0	0.11%	0.29%										
FY 2022-23	0	(0)	0.06%	-0.35%										
FY 2023-24 1st Half		(0)		-0.14%										
FY 2023-24 2nd Half		0		0.15%										
FY 2023-24		0		0.00%										

MAGI Eligible Children

One of the primary ways that children qualify for Medicaid is through Section 1931 of the federal Medicaid statute. Under Section 1931, families who were eligible for cash welfare assistance under the Aid to Families with Dependent Children program are still eligible for Medicaid even after the Aid to Families with Dependent Children program was discontinued. Aid to Families with Dependent Children was replaced by the Temporary Assistance for Needy Families welfare program (referred to as Colorado Works) on July 16, 1996, and clients under the Temporary Assistance for Needy Families program were no longer automatically eligible for Medicaid. Per HB 09-1293 children enrolled in Medicaid will receive continuous eligibility for twelve months.

This category also includes children on Transitional Medicaid. Transitional Medicaid is available to children in families who have received 1931 Medicaid three of the past six months and become ineligible due to an increase in earned income. Children receive Transitional Medicaid benefits for one year. In FY 2016-17, there were an average of 28,219 children on Transitional Medicaid. Although this program has been set to expire many times, it was most recently made permanent.

Children who are born to women enrolled in the Baby and Kid Care program (MAGI Eligible Pregnant Adults) are also included in this category. Between 1986 and 1991, Congress extended Medicaid to new groups of pregnant women and children. Referred to as Baby and Kid Care in Colorado, this program was authorized through the Medicare Catastrophic Coverage Act of 1988. The program enrolls Baby Care women (see the MAGI Eligible Pregnant Adults section of this document for information on these women) and Kid Care children. Kid Care children are born to women with incomes up to 142% of the federal poverty level. The Baby and Kid Care Program serves a much higher income level than the 1931 Families program, and pregnant mothers are not subject to resource or asset limitations to qualify for the program. Moreover, the Baby and Kid Care Program has never had a cash-assistance component and was unaffected by welfare reform in 1996.

In previous years, this caseload was adjusted to include Ribicoff children. Ribicoff children were children aged six to 19, with incomes up to 100% of the federal poverty level with resources limited to \$1,000 who were born after September 30, 1983. Beginning with age six, a new age cohort was phased-in each year. Caseload was adjusted upwards to include these children. However, the final cohort of children was phased-in during FY 2002-03, so no further caseload adjustments are needed. Therefore, the MAGI Eligible Children category includes: children in families who receive Medicaid under Section 1931, children in families who receive Temporary Aid to Needy Families financial assistance coupled with Medicaid, children who are eligible for Kid Care, Ribicoff children, and children who receive Transitional Medicaid.

SB 11-008 expanded Medicaid eligibility to children of all ages with incomes up to 133% FPL (142% FPL after October 2013 due to income disregards for MAGI) in January 2013. Children ages 6 and up with incomes from 108% FPL to 142% FPL with no other insurance are considered SB 11-008 eligible children and receive the enhanced CHP+ federal match, since these children would have otherwise been eligible for CHP+. There are, however, children that do not receive the enhanced CHP+ federal match that are over age 6 with incomes from 108% FPL to 142% FPL; these are the children with other insurance that would not have otherwise qualified for CHP+.

25.5-5-101 (1), C.R.S.

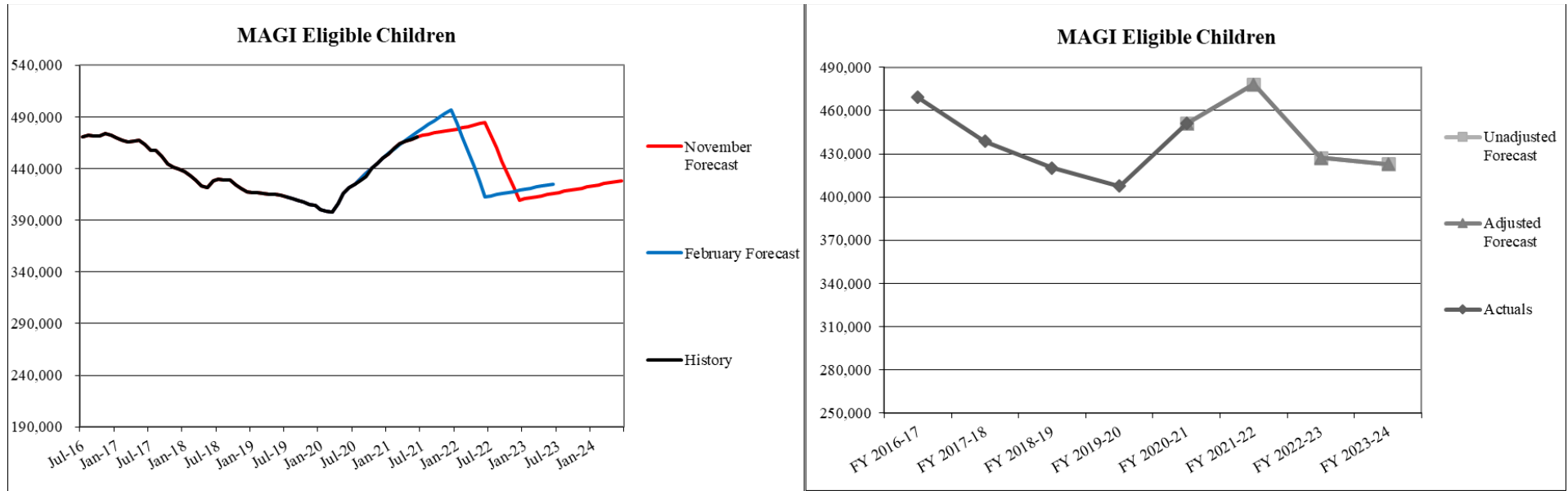
- (a) Individuals who meet the eligibility criteria for the aid to families with dependent children program pursuant to rules that were in effect on July 16, 1996;*
- (b) Families who meet the eligibility criteria for the aid to families with dependent children program established in rules that were in effect on July 16, 1996, and who subsequently would have become ineligible under such eligibility criteria because of increased earnings or increased hours of employment whose eligibility is specified for a period of time by the federal government;*
- (c) Qualified pregnant women, and children under the age of seven, who meet the income resource requirements of the state's aid to families with dependent children program pursuant to rules that were in effect on July 16, 1996;*
- (d) A newborn child born of a woman who is categorically needy. Such child is deemed Medicaid-eligible on the date of birth and remains eligible for one year so long as the woman remains categorically needy and the child is a member of her household;*
- (m) Low-income pregnant women, and children through the age of six, whose income is at or below a certain percentage of the federal poverty level as determined by the federal government;*

25.5-5-201 (1), C.R.S.

- (a) Individuals who would be eligible for but are not receiving cash assistance;*
- (d) Individuals who would be eligible for aid to families with dependent children if child care were paid from earnings;*
- (e) Individuals under the age of twenty-one who would be eligible for aid to families with dependent children but do not qualify as dependent children;*
- (h) Persons who are eligible for cash assistance under the works program pursuant to section 26-2-706, C.R.S.;*

25.5-5-205 (3), C.R.S.

- (a) On and after April 1, 1990, children under the age of six years and pregnant women shall be eligible for benefits under the baby and kid care program... (b) The percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this subsection (3) shall be one hundred thirty-three percent...;*
- (c) (I) On and after September 1, 2011, children born after September 30, 1983, who have attained six years of age but have not attained nineteen years of age shall be eligible for benefits under the baby and kid care program. For the purpose of eligibility under this paragraph (c) only, such individual's family income shall exceed the eligibility threshold used in determining eligibility for aid to families with dependent children assistance pursuant to rules in effect on July 16, 1996, and the method adopted by the state board pursuant to sections 25.5-5-101 (4) (c) and 25.5-5-201 (5) (c), but shall not exceed the equivalent of the percentage level of the federal poverty line that is specified pursuant to subparagraph (II) of this paragraph (c).*
- (II) The percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this paragraph (c) shall be equivalent to the family income eligibility threshold applied to children under six years of age pursuant to paragraph (b) of this subsection (3).*

MAGI Eligible Children: Model Results

MAGI Eligible Children: Model Results ¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change ²
COVID Model	407,548	450,956	6.04%	478,177	27,221	1,196
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change ²
COVID Model	450,956	478,177	-10.68%	427,113	(51,064)	(5,730)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change ²
COVID Model	478,177	427,113	-1.03%	422,703	(4,410)	1,054

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Eligible Children: Trend Selections

FY 2021-22: 6.04%

FY 2022-23: -10.68%

FY 2023-24: -1.03%

MAGI Eligible Children: Justifications

- Before the COVID-19 pandemic, caseload was rapidly decreasing on average by over 1,000 clients per month in FY 2019-20. Since the beginning of the pandemic this population has seen high growth. The Department expects that the end of the continuous coverage policy will result in a substantial level shift down in caseload for this population based on the Department's analysis of clients affected by the continuous coverage policy. Despite the level shift down the Department still expects strong growth due to the ongoing economic conditions created from the pandemic and that caseload will increase through 2021-22.
- MAGI Eligible children have been growing steadily since the beginning of the public health emergency, but the growth has been slightly less than the previous forecast trends. The Department expects most of this growth to continue but that it will gradually decline as the public health emergency continues. There are many individuals in the income sensitive groups that continually churn in and out of Medicaid eligibility over the years. Due to the continuous coverage policy keeping these individuals locked into Medicaid, the Department has observed in the last six months a decay in the monthly number of new individuals who join during the public health emergency.
- The FY 2022-23 and FY 2023-24 growth expectations have been maintained from the previous forecast due to expectations of the economy improving. This population peaked in November 2016 at 473,863 and the Department does not expect caseload to reach the historical peak outside of the public health emergency.
- The Department identified a data error for July 2015 through December 2015 that incorrectly assigned children to eligibility categories for individuals with disabilities, based on their parents' disability status. This error incorrectly moved clients from Eligible Children and Children's Basic Health Plan (CHP) to Individuals to 59 with Disabilities and Children with Disabilities - Buy-In.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

MAGI Eligible Children: Historical Caseload and Projections												
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change	Monthly Average Growth Actuals				
Jun-19	414,330	-	-	FY 2008-09	235,129	-	-	FY 2015-16 1st Half	1,859	0.41%		
Jul-19	412,451	(1,879)	-0.45%	FY 2009-10	275,672	17.24%	40,543	FY 2015-16 2nd Half	507	0.11%		
Aug-19	410,883	(1,568)	-0.38%	FY 2010-11	302,410	9.70%	26,738	FY 2015-16	1,183	0.26%		
Sep-19	409,523	(1,360)	-0.33%	FY 2011-12	334,633	10.66%	32,223	FY 2016-17 1st Half	1	0.00%		
Oct-19	407,415	(2,108)	-0.51%	FY 2012-13	359,843	7.53%	25,210	FY 2016-17 2nd Half	(1,521)	-0.33%		
Nov-19	405,221	(2,194)	-0.54%	FY 2013-14	399,032	10.89%	39,189	FY 2016-17	(760)	-0.16%		
Dec-19	404,097	(1,124)	-0.28%	FY 2014-15	445,723	11.70%	46,691	FY 2017-18 1st Half	(3,948)	-0.89%		
Jan-20	400,649	(3,448)	-0.85%	FY 2015-16	467,193	4.82%	21,470	FY 2017-18 2nd Half	(1,855)	-0.43%		
Feb-20	398,833	(1,816)	-0.45%	FY 2016-17	469,297	0.45%	2,104	FY 2017-18	(2,902)	-0.66%		
Mar-20	398,268	(565)	-0.14%	FY 2017-18	438,772	-6.50%	(30,525)	FY 2018-19 1st Half	(1,699)	-0.40%		
Apr-20	406,330	8,062	2.02%	FY 2018-19	420,253	-4.22%	(18,519)	FY 2018-19 2nd Half	(598)	-0.14%		
May-20	415,595	9,265	2.28%	FY 2019-20	407,548	-3.02%	(12,705)	FY 2018-19	(1,149)	-0.27%		
Jun-20	421,306	5,711	1.37%	FY 2020-21	450,956	10.65%	43,408	FY 2019-20 1st Half	(1,706)	-0.42%		
Jul-20	424,878	3,572	0.85%	FY 2021-22	478,177	6.04%	27,221	FY 2019-20 2nd Half	2,868	0.71%		
Aug-20	428,450	3,572	0.84%	FY 2022-23	427,113	-10.68%	(51,064)	FY 2019-20	581	0.14%		
Sep-20	432,022	3,572	0.83%	FY 2023-24	422,703	-1.03%	(4,410)	FY 2020-21 1st Half	4,839	1.11%		
Oct-20	440,714	8,692	2.01%					FY 2020-21 2nd Half	3,325	0.73%		
Nov-20	445,544	4,830	1.10%					FY 2020-21	4,082	0.92%		
Dec-20	450,341	4,797	1.08%									
Jan-21	454,650	4,309	0.96%									
Feb-21	460,428	5,778	1.27%									
Mar-21	464,277	3,849	0.84%									
Apr-21	466,374	2,097	0.45%									
May-21	468,211	1,837	0.39%									
Jun-21	470,288	2,077	0.44%									
The previous forecast has been accurate. Growth during the PHE has been steady, and extending the PHE is expected to continue to cause growth. After the PHE, kids are expected to continue to grow.												

The previous forecast has been accurate. Growth during the PHE has been steady, and extending the PHE is expected to continue to cause growth. After the PHE, kids are expected to continue to grow.

Actuals		
	Monthly Change	% Change
6-month average	3,325	0.73%
12-month average	4,082	0.92%
18-month average	3,677	0.85%
24-month average	2,332	0.53%

February 2021 Projection Before Adjustments			
FY 2019-20	407,548	-3.02%	(12,705)
FY 2020-21	451,594	10.81%	44,046
FY 2021-22	468,577	3.76%	16,983
FY 2022-23	419,424	-10.49%	(49,153)

Monthly Average Growth Actuals		
FY 2015-16 1st Half	1,859	0.41%
FY 2015-16 2nd Half	507	0.11%
FY 2015-16	1,183	0.26%
FY 2016-17 1st Half	1	0.00%
FY 2016-17 2nd Half	(1,521)	-0.33%
FY 2016-17	(760)	-0.16%
FY 2017-18 1st Half	(3,948)	-0.89%
FY 2017-18 2nd Half	(1,855)	-0.43%
FY 2017-18	(2,902)	-0.66%
FY 2018-19 1st Half	(1,699)	-0.40%
FY 2018-19 2nd Half	(598)	-0.14%
FY 2018-19	(1,149)	-0.27%
FY 2019-20 1st Half	(1,706)	-0.42%
FY 2019-20 2nd Half	2,868	0.71%
FY 2019-20	581	0.14%
FY 2020-21 1st Half	4,839	1.11%
FY 2020-21 2nd Half	3,325	0.73%
FY 2020-21	4,082	0.92%

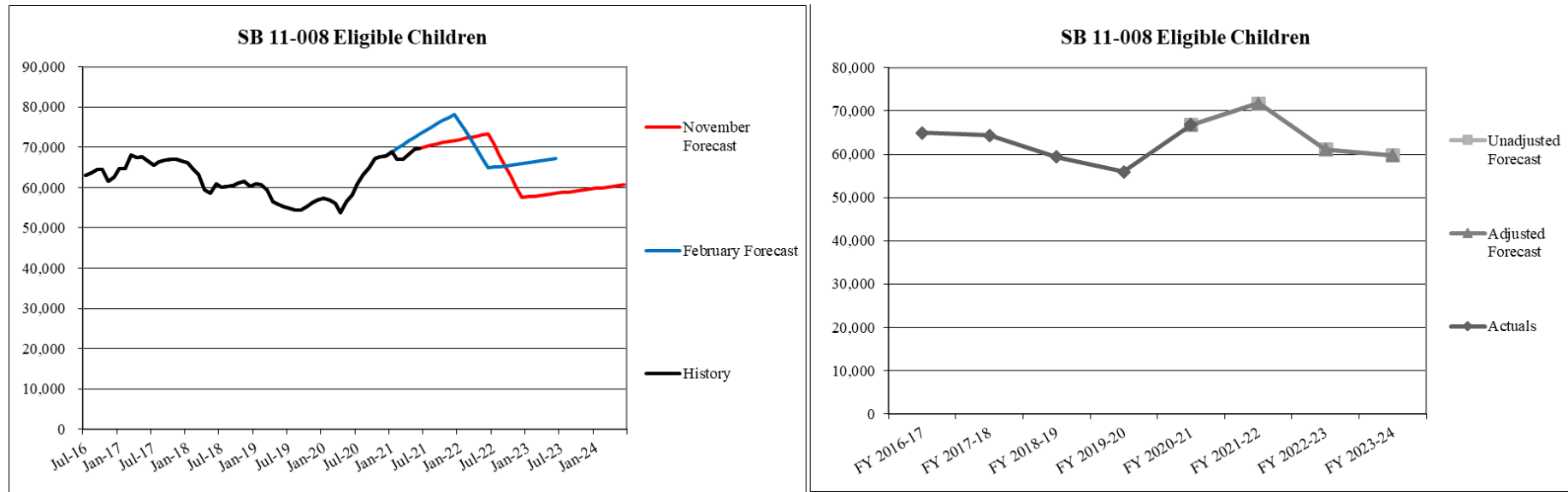
Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	3,528	1,132	0.73%	0.24%
FY 2021-22 2nd Half	(13,991)	1,261	-3.04%	0.26%
FY 2021-22	(5,231)	1,196	-1.15%	0.25%
FY 2022-23 1st Half	1,038	(12,491)	0.25%	-2.76%
FY 2022-23 2nd Half	1,054	1,031	0.25%	0.25%
FY 2022-23	1,046	(5,730)	0.25%	-1.26%
FY 2023-24 1st Half		1,046		0.25%
FY 2023-24 2nd Half		1,062		0.25%
FY 2023-24		1,054		0.25%

SB 11-008 Eligible Children

Prior to the implementation of SB 11-008 in January 2013, children age 0 to 5 whose family income was under 133% FPL were eligible for Medicaid, and children ages 6 to 18 whose family income was under 100% FPL were eligible for Medicaid. SB 11-008 increased the FPL threshold for children ages 6 to 18 up to 133% FPL, 142% FPL with income disregards applied after October 2013. Services for clients that would have been eligible for CHP+ before the implementation of SB 11-008 receive the enhanced CHP+ federal match. These clients are identified as Medicaid eligible children that are over the age of 6, with incomes above 108% FPL, and no other insurance.

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(m) Children under the age of nineteen who meet the eligibility criteria pursuant to section 1902 (a) (10) (A) of the federal “Social Security Act”.

SB 11-008 Eligible Children: Model Results

SB 11-008 Eligible Children: Model Results ¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change ²
COVID Model	55,924	66,833	7.44%	71,804	4,971	304
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change ²
COVID Model	66,833	71,804	-14.87%	61,125	(10,679)	(1,235)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change ²
COVID Model	71,804	61,125	-2.31%	59,715	(1,410)	179

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

SB 11-008 Eligible Children: Trend Selections

FY 2021-22: 7.44%

FY 2022-23: -14.87%

FY 2023-24: -2.31%

SB 11-008 Eligible Children: Justifications

- In FY 2019-20, this population experienced mostly positive growth before the COVID-19 pandemic. Since the beginning of the pandemic this population has seen high growth. Part of the growth is from children moving from CHP+ to Medicaid and then remaining on Medicaid. The continuous coverage policy allows for kids to move from CHP+ to Medicaid when their family income falls, but kids cannot move from Medicaid to CHP+ when their family income increases, meaning kids are locked into this eligibility group during the continuous coverage policy. Therefore, the Department does expect a decrease in this population once the continuous coverage policy ends as some of the clients will likely move to CHP+. Because this is an income sensitive population, The Department is expecting strong growth due to the ongoing economic conditions created by the pandemic and expects caseload to increase through 2023-24.
- SB 11-008 children have been growing steadily since the beginning of the public health emergency, but the growth has been slightly less than the previously forecasted trends. The Department expects most of this growth to continue but that it will gradually decline as the public health emergency continues. There are many individuals in the income sensitive groups that continually churn in and out of Medicaid eligibility over the years. Due to the continuous coverage policy keeping these individuals locked into Medicaid, the Department expects there will be a decay in the monthly number of new individuals who join during the public health emergency.
- The FY 2022-23 and FY 2023-24 growth expectations have been maintained from the prior forecast (adjusting for timeline assumptions around PHE declaration) due to expectations of the economy improving.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

SB 11-008 Eligible Children: Historical Caseload and Projections															
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change						Monthly Average Growth Actuals		
Jun-19	55,169	-	-	FY 2017-18	64,346	-	-						FY 2015-16 1st Half	468	0.69%
Jul-19	54,796	(373)	-0.68%	FY 2018-19	59,376	-7.72%	(4,970)						FY 2015-16 2nd Half	324	0.47%
Aug-19	54,394	(402)	-0.73%	FY 2019-20	55,924	-5.81%	(3,452)						FY 2015-16	396	0.58%
Sep-19	54,463	69	0.13%	FY 2020-21	66,833	19.51%	10,909						FY 2016-17 1st Half	119	0.21%
Oct-19	55,219	756	1.39%	FY 2021-22	71,804	7.44%	4,971						FY 2016-17 2nd Half	663	0.94%
Nov-19	56,377	1,158	2.10%	FY 2022-23	61,125	-14.87%	(10,679)						FY 2016-17	391	0.57%
Dec-19	56,938	561	1.00%	FY 2023-24	59,715	-2.31%	(1,410)						FY 2017-18 1st Half	2	0.02%
Jan-20	57,319	381	0.67%										FY 2017-18 2nd Half	(921)	-1.13%
Feb-20	56,886	(433)	-0.76%										FY 2017-18	(459)	-0.56%
Mar-20	56,165	(721)	-1.27%										FY 2018-19 1st Half	(120)	-0.16%
Apr-20	53,847	(2,318)	-4.13%										FY 2018-19 2nd Half	(851)	-1.45%
May-20	56,473	2,626	4.88%										FY 2018-19	(485)	-0.81%
Jun-20	58,208	1,735	3.07%										FY 2019-20 1st Half	295	0.53%
Jul-20	60,922	2,714	4.66%										FY 2019-20 2nd Half	212	0.41%
Aug-20	63,267	2,345	3.85%										FY 2019-20	253	0.47%
Sep-20	64,954	1,687	2.67%										FY 2020-21 1st Half	1,598	2.59%
Oct-20	67,223	2,269	3.49%										FY 2020-21 2nd Half	323	0.48%
Nov-20	67,632	409	0.61%										FY 2020-21	960	1.54%
Dec-20	67,793	161	0.24%												
Jan-21	68,914	1,121	1.65%												
Feb-21	66,987	(1,927)	-2.80%												
Mar-21	66,932	(55)	-0.08%												
Apr-21	68,197	1,265	1.89%												
May-21	69,448	1,251	1.83%												
Jun-21	69,730	282	0.41%												
								</							

Foster Care

Federal law mandates that states provide Medicaid to individuals under Title IV-E of the Social Security Act (42 U.S.C. 470-479A) for adoption assistance and foster care. Title IV-E is a subpart of Title IV, Child Welfare, of the federal Social Security Act. Title IV-E provides federal reimbursement to states for the room and board costs of children placed in foster homes and other out-of-home placements. This is an entitlement program for children who are eligible and for whom the state can seek reimbursement. Eligibility is determined on family circumstances at the time when the child was removed from the home. Once eligible, the state determines if it can claim reimbursement for maintenance costs for the child. Adoption assistance is available for children with special health care needs who meet the same requirements. States have the option to extend Medicaid to former foster care children aged 18 through 20 years who were eligible for Title IV-E prior to their 18th birthday. During the 2007 legislative session, SB 07-002 was passed extending Medicaid eligibility through age 20 for children for whom adoption assistance or foster care maintenance payments are made under Title IV-E of the Social Security Act, which was implemented in July 2008. Eligibility for children receiving state subsidized adoption or foster care payments (non-Title IV-E) was extended through age 20 in the 2008 Legislative Session through SB 08-099, which was implemented in July 2009. Pursuant to the ACA, eligibility for children enrolled in Medicaid that turned 21 while in foster care was increased to age 26 in January 2014. This expansion was mandatory and was not subject to the Supreme Court of the United States ruling which found the Medicaid expansion unconstitutionally coercive of states.

25.5-5-101 (1), C.R.S.

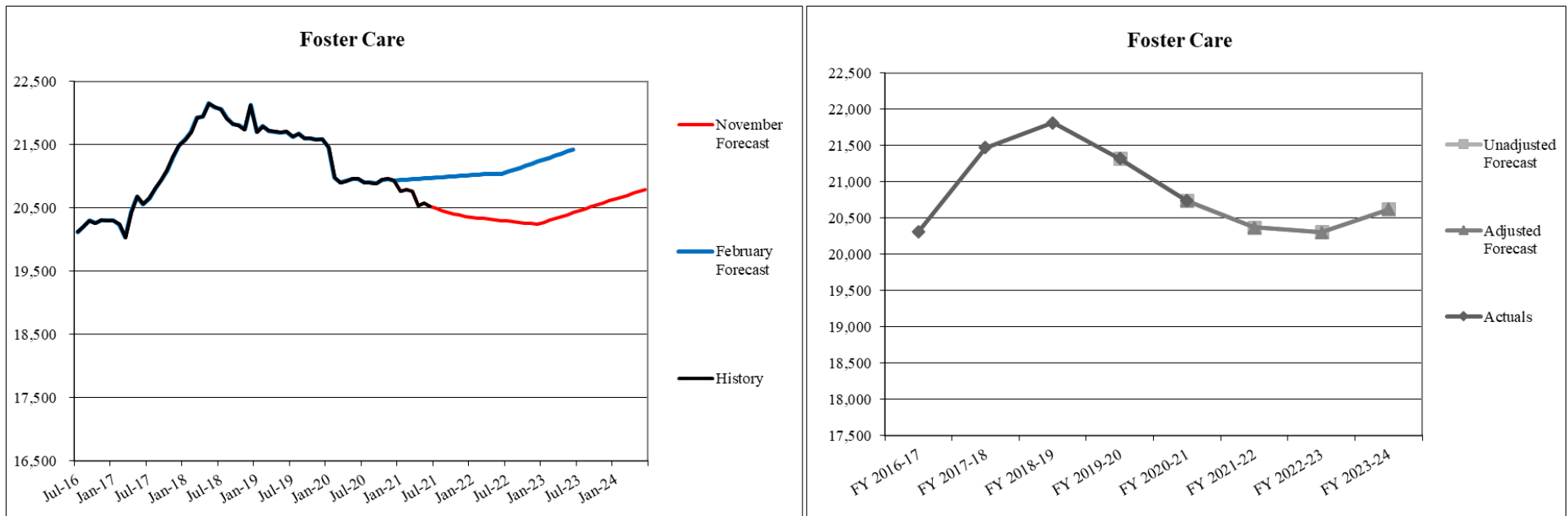
(e) Children for whom adoption assistance or foster care maintenance payments are made under Title IV-E of the “Social Security Act”, as amended;

25.5-5-201 (1), C.R.S.

(l) Children for whom subsidized adoption assistance payments are made by the state pursuant to article 7 of title 26, C.R.S, but who do not meet the requirements of Title IV-E of the “Social Security Act”, as amended;

(n) Individuals under the age of twenty-one years eligible for medical assistance pursuant to paragraph (l) of this subsection (1) or section 25.5-5-101

(1) (e) immediately prior to attaining the age of eighteen years or otherwise becoming emancipated;

Foster Care: Model Results

Foster Care: Model Results¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change²
COVID Model	21,320	20,742	-1.77%	20,374	(368)	(18)
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change²
COVID Model	20,742	20,374	-0.33%	20,307	(67)	10
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change²
COVID Model	20,374	20,307	1.56%	20,623	316	31

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Foster Care: Trend Selections

FY 2021-22: -1.77%

FY 2022-23: -0.33%

FY 2023-24: 1.56%

Foster Care: Justifications

- In FY 2019-20 before the COVID-19 pandemic, this population has experienced no growth on average. However, since the beginning of the pandemic this population has seen some growth. The Department is expecting that the end of the continuous coverage policy will not result in a substantial reduction in caseload for this population based on the Departments analysis of the current clients affected by the continuous coverage policy. The Department does expect this population to grow within the historical bounds.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

Foster Care: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals		
Jun-19	21,705	-	-	FY 2008-09	18,033	-	-					FY 2015-16 1st Half	31	0.16%
Jul-19	21,628	(77)	-0.35%	FY 2009-10	18,381	1.93%	348					FY 2015-16 2nd Half	31	0.16%
Aug-19	21,674	46	0.21%	FY 2010-11	18,393	0.07%	12					FY 2015-16	31	0.16%
Sep-19	21,595	(79)	-0.36%	FY 2011-12	18,034	-1.95%	(359)					FY 2016-17 1st Half	22	0.11%
Oct-19	21,599	4	0.02%	FY 2012-13	17,777	-1.43%	(257)					FY 2016-17 2nd Half	44	0.22%
Nov-19	21,579	(20)	-0.09%	FY 2013-14	18,267	2.76%	490					FY 2016-17	33	0.16%
Dec-19	21,585	6	0.03%	FY 2014-15	20,036	9.68%	1,769					FY 2017-18 1st Half	155	0.74%
Jan-20	21,458	(127)	-0.59%	FY 2015-16	19,935	-0.50%	(101)					FY 2017-18 2nd Half	102	0.47%
Feb-20	20,978	(480)	-2.24%	FY 2016-17	20,310	1.88%	375					FY 2017-18	128	0.60%
Mar-20	20,896	(82)	-0.39%	FY 2017-18	21,473	5.73%	1,163					FY 2018-19 1st Half	6	0.03%
Apr-20	20,928	32	0.15%	FY 2018-19	21,815	1.59%	342					FY 2018-19 2nd Half	(70)	-0.32%
May-20	20,955	27	0.13%	FY 2019-20	21,320	-2.27%	(495)					FY 2018-19	(32)	-0.14%
Jun-20	20,960	5	0.02%	FY 2020-21	20,742	-2.71%	(578)					FY 2019-20 1st Half	(20)	-0.09%
Jul-20	20,897	(63)	-0.30%	FY 2021-22	20,374	-1.77%	(368)					FY 2019-20 2nd Half	(104)	-0.49%
Aug-20	20,900	3	0.01%	FY 2022-23	20,307	-0.33%	(67)					FY 2019-20	(62)	-0.29%
Sep-20	20,887	(13)	-0.06%	FY 2023-24	20,624	1.56%	317					FY 2020-21 1st Half	(5)	-0.02%
Oct-20	20,947	60	0.29%									FY 2020-21 2nd Half	(68)	-0.33%
Nov-20	20,960	13	0.06%									FY 2020-21	(37)	-0.18%
Dec-20	20,930	(30)	-0.14%											
Jan-21	20,765	(165)	-0.79%											
Feb-21	20,792	27	0.13%											
Mar-21	20,758	(34)	-0.16%											
Apr-21	20,539	(219)	-1.06%											
May-21	20,571	32	0.16%											
Jun-21	20,521	(50)	-0.24%											
February 2021 Forecast														
Forecasted June 2021 Level		20,974												
Base trend from June 2021 level														
FY 2021-22	20,521	-1.07%	(221)											

February 2021 Projection			
FY 2019-20	21,320	-2.27%	(495)
FY 2020-21	20,938	-1.79%	(382)
FY 2021-22	21,013	0.36%	75
FY 2022-23	21,247	1.11%	233

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	6	(27)	0.03%	-0.13%
FY 2021-22 2nd Half	5	(10)	0.02%	-0.05%
FY 2021-22	5	(18)	0.03%	-0.09%
FY 2022-23 1st Half	32	(10)	0.15%	-0.05%
FY 2022-23 2nd Half	32	30	0.15%	0.15%
FY 2022-23	32	10	0.15%	0.05%
FY 2023-24 1st Half		31		0.15%
FY 2023-24 2nd Half		31		0.15%
FY 2023-24		31		0.15%

MAGI Eligible Pregnant Adults

Between 1986 and 1991, Congress extended Medicaid to new groups of pregnant women and children. Referred to as Baby and Kid Care in Colorado, the program was authorized through the Medicare Catastrophic Coverage Act of 1988. The program enrolls Baby Care women and Kid Care children (see the Eligible Children section of this document for information on children). Baby Care-Adults are women with incomes up to 185% FPL beginning January 1, 2013 (195% FPL after income disregards are applied in October 2013). Coverage includes prenatal care and delivery services, plus 60 days of postpartum care. The Baby and Kid Care Program serves a much higher income level than the 1931 families program, and pregnant mothers were never subject to resource/asset limitations to qualify for the program. Moreover, the Baby and Kid Care Program has never had a cash-assistance component and was unaffected by welfare reform.

25.5-5-101 (1), C.R.S.

(m) Low-income pregnant women, and children through the age of six, whose income is at or below a certain percentage of the federal poverty level as determined by the federal government;

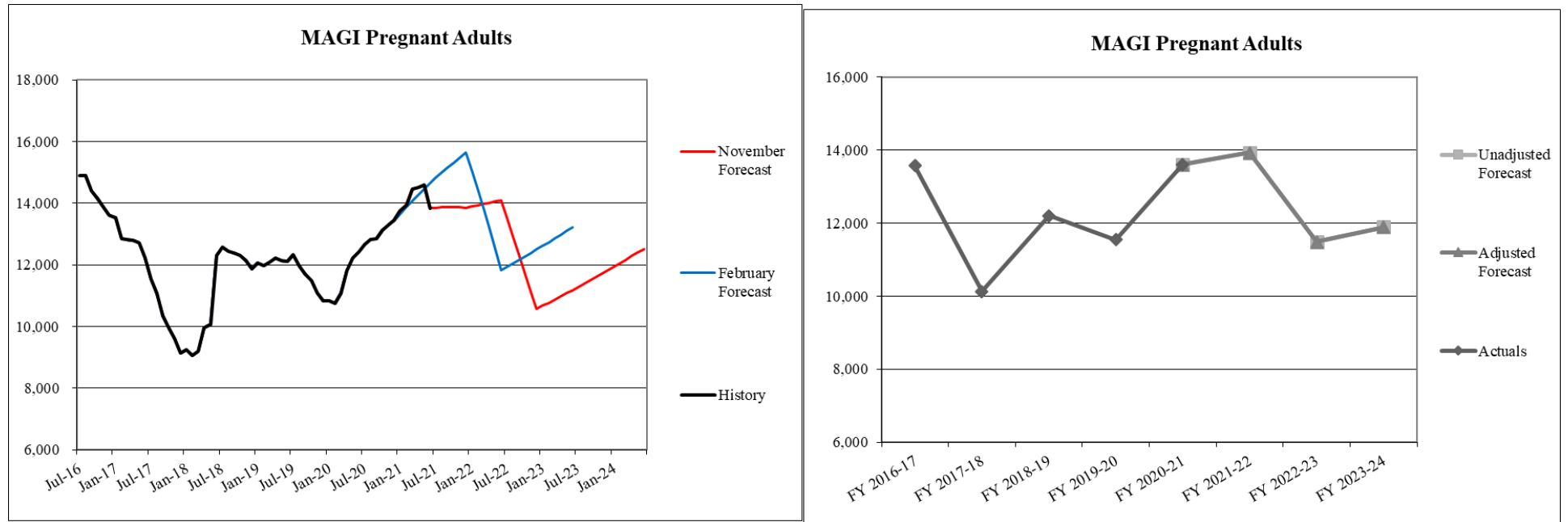
25.5-5-201 (2), C.R.S.

(b) Notwithstanding the five-year waiting period established in paragraph (a) of this subsection (2), but subject to the availability of sufficient appropriations and the receipt of federal financial participation, the state department may provide benefits under this article and articles 4 and 6 of this title to a pregnant woman who is a qualified alien and a child under nineteen years of age who is a qualified alien so long as such woman or child meets eligibility criteria other than citizenship.

25.5-5-205 (3), C.R.S.

(a) On and after April 1, 1990, children under the age of six years and pregnant women shall be eligible for benefits under the baby and kid care program...

(II) For pregnant women, the percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this subsection (3) shall be one hundred eighty-five percent. If the federal government establishes a new federal minimum percentage level of the federal poverty line used to determine eligibility under this subsection (3) that is different from the level set in this subparagraph (II), the state department is authorized to meet such federal minimum level without requiring additional legislation; however, such minimum federal level shall be established by rule of the state board.

MAGI Pregnant Adults: Model Results

MAGI Pregnant Adults: Model Results¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change²
COVID Model	11,547	13,609	2.37%	13,931	322	22
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change²
COVID Model	13,609	13,931	-17.57%	11,483	(2,448)	(243)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change²
COVID Model	13,931	11,483	3.55%	11,891	408	111

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Pregnant Adults: Trend Selections

FY 2021-22: 2.37%

FY 2022-23: -17.57%

FY 2023-24: 3.55%

MAGI Pregnant Adults: Justifications

- MAGI Eligible pregnant adults have been growing steadily since the beginning of the public health emergency, but the growth has been lower than the previously forecasted trends. The Department expects most of this growth to continue but that it will decay as the public health emergency goes on. The maintenance of effort policy locks members into the highest benefit category under which they qualified. Therefore, the Department expects that churn from other adult categories will slow down as the public health emergency continues. At the end of the public health emergency, the Department anticipates a substantial caseload reduction based on the Department's analysis of currently locked-in members.
- The FY 2022-23 and FY 2023-24 growth expectations have been maintained from the previous forecast due to expectations of the economy recovering at a faster rate, adjusting for timeline assumptions around the PHE declaration.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

MAGI Pregnant Adults: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals		
Jun-19	12,112	-	-	FY 2008-09	6,976	-	-	FY 2015-16 1st Half	(95)	-0.52%				
Jul-19	12,333	221	1.82%	FY 2009-10	7,830	12.24%	854	FY 2015-16 2nd Half	105	0.73%				
Aug-19	11,967	(366)	-2.97%	FY 2010-11	7,868	0.49%	38	FY 2015-16	5	0.10%				
Sep-19	11,716	(251)	-2.10%	FY 2011-12	7,630	-3.02%	(238)	FY 2016-17 1st Half	(213)	-1.47%				
Oct-19	11,490	(226)	-1.93%	FY 2012-13	8,024	5.16%	394	FY 2016-17 2nd Half	(229)	-1.74%				
Nov-19	11,081	(409)	-3.56%	FY 2013-14	13,160	64.01%	5,136	FY 2016-17	(221)	-1.61%				
Dec-19	10,832	(249)	-2.25%	FY 2014-15	14,897	13.20%	1,737	FY 2017-18 1st Half	(516)	-4.74%				
Jan-20	10,842	10	0.09%	FY 2015-16	14,413	-3.25%	(484)	FY 2017-18 2nd Half	527	5.36%				
Feb-20	10,763	(79)	-0.73%	FY 2016-17	13,567	-5.87%	(846)	FY 2017-18	5	0.31%				
Mar-20	11,088	325	3.02%	FY 2017-18	10,125	-25.37%	(3,442)	FY 2018-19 1st Half	(70)	-0.56%				
Apr-20	11,807	719	6.48%	FY 2018-19	12,196	20.45%	2,071	FY 2018-19 2nd Half	39	0.33%				
May-20	12,221	414	3.51%	FY 2019-20	11,547	-5.32%	(649)	FY 2018-19	(16)	-0.12%				
Jun-20	12,424	203	1.66%	FY 2020-21	13,609	17.86%	2,062	FY 2019-20 1st Half	(213)	-1.83%				
Jul-20	12,667	243	1.96%	FY 2021-22	13,931	2.37%	322	FY 2019-20 2nd Half	265	2.34%				
Aug-20	12,830	163	1.29%	FY 2022-23	11,483	-17.57%	(2,448)	FY 2019-20	26	0.25%				
Sep-20	12,852	22	0.17%	FY 2023-24	11,891	3.55%	408	FY 2020-21 1st Half	170	1.33%				
Oct-20	13,123	271	2.11%					FY 2020-21 2nd Half	65	0.52%				
Nov-20	13,290	167	1.27%					FY 2020-21	118	0.92%				
Dec-20	13,445	155	1.17%											
Jan-21	13,740	295	2.19%											
Feb-21	13,950	210	1.53%											
Mar-21	14,463	513	3.68%											
Apr-21	14,510	47	0.32%											
May-21	14,597	87	0.60%											
Jun-21	13,837	(760)	-5.21%											

February 2021 Projection			
FY 2019-20	11,547	-5.32%	(649)
FY 2020-21	13,595	17.74%	2,048
FY 2021-22	14,359	5.62%	764
FY 2022-23	12,568	-12.47%	(1,791)

Actuals		
	Monthly Change	% Change
6-month average	65	0.52%
12-month average	118	0.92%
18-month average	167	1.40%
24-month average	72	0.59%

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	168	3	1.38%	0.02%
FY 2021-22 2nd Half	(637)	40	1.11%	0.29%
FY 2021-22	(235)	22	-4.56%	0.15%
FY 2022-23 1st Half	114	(587)	-1.72%	-4.68%
FY 2022-23 2nd Half	120	102	0.94%	0.94%
FY 2022-23	117	(243)	0.94%	-1.87%
FY 2023-24 1st Half		108		0.94%
FY 2023-24 2nd Half		114		0.94%
FY 2023-24		111		0.94%

February 2021 Forecast	
Forecasted June 2021 Level	14,637

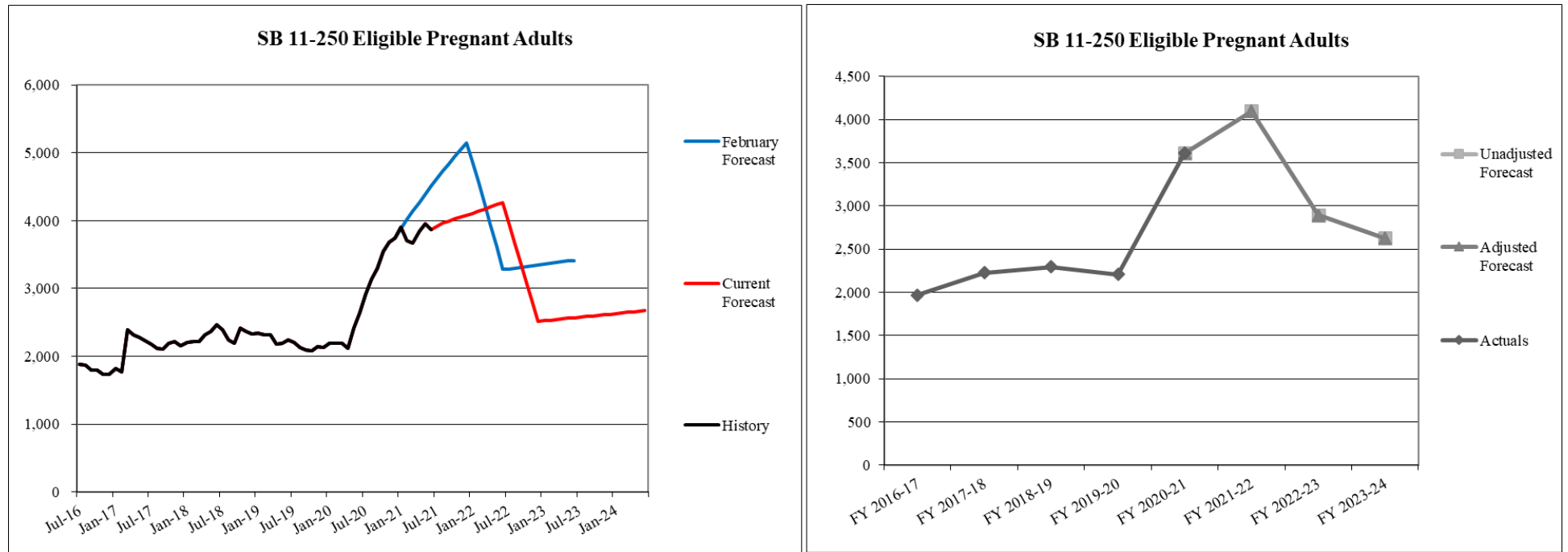
Base trend from June 2021 level			
FY 2021-22	13,837	1.68%	228

SB 11-250 Eligible Pregnant Adults

Prior to the implementation of SB 11-250 in January 2013, pregnant adults whose family income was under 133% FPL were eligible for Medicaid. SB 11-250 increased the FPL threshold up to 185% FPL, 195% FPL with income disregards applied after October 2013. Services for clients that would have been eligible for CHP+ before the implementation of SB 11-008 receive the enhanced CHP+ federal match. These clients are identified as Medicaid eligible pregnant adults with incomes above 142% FPL and no other insurance.

25.5-5-201 (1)

(m.5) Pregnant women, whose family income does not exceed one hundred eighty-five percent of the federal poverty line, adjusted for family size.

SB 11-250 Eligible Pregnant Adults: Model Results

SB 11-250 Eligible Pregnant Adults: Model Results ¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change ²
COVID Model	2,209	3,609	13.52%	4,097	488	33
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change ²
COVID Model	3,609	4,097	-29.31%	2,896	(1,201)	(142)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change ²
COVID Model	4,097	2,896	-9.36%	2,625	(271)	9

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

SB 11-250 Eligible Pregnant Adults: Trend Selections

FY 2020-21: 13.52%
FY 2021-22: -29.31%
FY 2022-23: -9.36%

SB 11-250 Eligible Pregnant Adults: Justifications

- SB 11-250 Pregnant Adults have been growing steadily since the beginning of the public health emergency, but the growth has been less than the previously forecasted trends. The Department expects most of this growth to continue but that it will gradually decay as the public health emergency continues. The maintenance of effort policy locks members into the highest benefit category under which they qualified. Therefore, the Department expects that churn from other adult categories will slow down as the public health emergency continues. At the end of the public health emergency, the Department anticipates a substantial caseload reduction based on the Department's analysis of currently locked-in members.
- The FY 2022-23 and FY 2023-24 growth expectations have been maintained from the previous forecast due to expectations of the economy recovering at a faster rate, adjusting for timeline assumptions around the PHE declaration.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

SB 11-250 Eligible Pregnant Adults: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals		
Jun-19	2,239	-	-	FY 2017-18	2,229	-	-					FY 2015-16 1st Half	30	1.87%
Jul-19	2,201	(38)	-1.70%	FY 2018-19	2,293	2.86%	64					FY 2015-16 2nd Half	8	0.43%
Aug-19	2,127	(74)	-3.36%	FY 2019-20	2,209	-3.65%	(84)					FY 2015-16	19	1.15%
Sep-19	2,094	(33)	-1.55%	FY 2020-21	3,609	63.38%	1,400					FY 2016-17 1st Half	(26)	-1.42%
Oct-19	2,075	(19)	-0.91%	FY 2021-22	4,097	13.52%	488					FY 2016-17 2nd Half	82	5.06%
Nov-19	2,146	71	3.42%	FY 2022-23	2,896	-29.31%	(1,201)					FY 2016-17	28	1.82%
Dec-19	2,129	(17)	-0.79%	FY 2023-24	2,625	-9.36%	(271)					FY 2017-18 1st Half	(13)	-0.53%
Jan-20	2,191	62	2.91%									FY 2017-18 2nd Half	52	2.27%
Feb-20	2,187	(4)	-0.18%									FY 2017-18	20	0.87%
Mar-20	2,190	3	0.14%									FY 2018-19 1st Half	(23)	-0.84%
Apr-20	2,112	(78)	-3.56%									FY 2018-19 2nd Half	(14)	-0.58%
May-20	2,417	305	14.44%									FY 2018-19	(19)	-0.71%
Jun-20	2,639	222	9.18%									FY 2019-20 1st Half	(18)	-0.81%
Jul-20	2,908	269	10.19%									FY 2019-20 2nd Half	85	3.82%
Aug-20	3,139	231	7.94%									FY 2019-20	33	1.50%
Sep-20	3,302	163	5.19%									FY 2020-21 1st Half	185	6.06%
Oct-20	3,546	244	7.39%									FY 2020-21 2nd Half	21	0.61%
Nov-20	3,679	133	3.75%									FY 2020-21	103	3.33%
Dec-20	3,749	70	1.90%											
Jan-21	3,912	163	4.35%											
Feb-21	3,713	(199)	-5.09%											
Mar-21	3,675	(38)	-1.02%											
Apr-21	3,849	174	4.73%											
May-21	3,960	111	2.88%											
Jun-21	3,872	(88)	-2.22%											
February 2021 Forecast														
Forecasted June 2021 Level			4,509											
Base trend from June 2021 level														
FY 2021-22	3,872	7.29%	263											
								February 2021 Projection						
FY 2019-20	2,209	-3.65%	(84)											
FY 2020-21	3,795	71.80%	1,586											
FY 2021-22	4,497	18.50%	702											
FY 2022-23	3,352	-25.46%	(1,145)											
Monthly Average Growth Comparisons														
Request	Monthly Change		Percent Change											
	S-1	R-1	S-1	R-1										
FY 2021-22 1st Half	156	34	2.24%	0.86%										
FY 2021-22 2nd Half	107	32	-7.23%	0.77%										
FY 2021-22	(312)	33	-2.50%	0.81%										
FY 2022-23 1st Half	(103)	(292)	0.34%	-8.42%										
FY 2022-23 2nd Half	11	9	0.34%	0.34%										
FY 2022-23	11	(142)	0.34%	-4.04%										
FY 2023-24 1st Half		9		0.34%										
FY 2023-24 2nd Half		9		0.34%										
FY 2023-24		9		0.34%										

Non-Citizens – Emergency Services Only

Section 403 of the Personal Responsibility Work Opportunity Reconciliation Act provides that certain immigrants arriving in the United States after August 22, 1996 are ineligible for full Medicaid benefits for their first five years of residence. The five-year ban only applies to immigrants who arrived in the United States after August 22, 1996. Full Medicaid coverage of individuals for the first five years is optional. Per federal regulations, states must provide mandatory full coverage for:

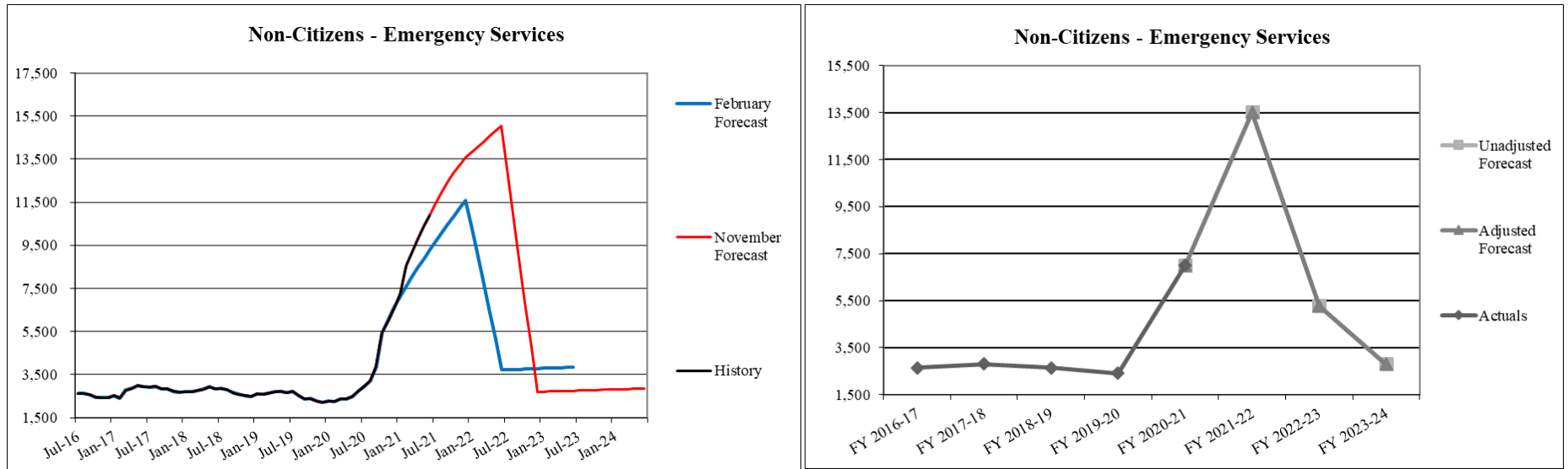
- Refugees for the first seven years after entry into the United States;
- Asylees for the first seven years after asylum is granted;
- Individuals whose deportation is being withheld for the first seven years after the initial withhold;
- Victims of trafficking;
- Lawful permanent residents who have 40 qualifying quarters of Social Security coverage;
- Cuban or Haitian entrants; and,
- Immigrants who are honorably discharged veterans of the United States military.

Regardless of whether the individual is an optional or mandatory immigrant, federal law requires all states to provide emergency medical services for individuals who otherwise meet Medicaid eligibility criteria, except for proof of U.S. citizenship.

In April 2001, an eligibility policy change was implemented such that clients are now only counted as eligible in the months they receive emergency medical care. Prior to this policy change, eligibility for this group continued as it would for any other category, although only for emergency medical services. For example, a Non-Citizen with an emergency visit on April 2000 could be eligible in that month, and continue to be eligible for as many months as he/she met other eligibility criteria. The same client would only be eligible for one month, had the emergency service occurred in April 2001. Thus, caseloads presented from April 2001 and forward are much lower than in previous years.

25.5-5-103 (3), C.R.S.

(a) Emergency medical assistance shall be provided to any person who is not a citizen of the United States, including undocumented aliens, aliens who are not qualified aliens, and qualified aliens who entered the United States on or after August 22, 1996, who has an emergency medical condition and meets one of the categorical requirements set forth in section 25.5-5-101; except that such persons shall not be required to meet any residency requirement other than that required by federal law.

Non-Citizens- Emergency Services Only: Model Results

Non-Citizens- Emergency Services: Model Results ¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change ²
COVID Model	2,417	7,016	92.55%	13,509	6,493	346
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change ²
COVID Model	7,016	13,509	-60.86%	5,287	(8,222)	(1,025)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change ²
COVID Model	13,509	5,287	-46.98%	2,803	(2,484)	8

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Non-Citizens: Trend Selections

FY 2021-22: 92.55%

FY 2022-23: -60.86%

FY 2023-24: -46.98%

Non-Citizens: Justifications

- In FY 2019-20 before the COVID-19 pandemic, this population has experienced no growth on average. However, since the beginning of the pandemic this population has seen rapid growth, increasing by nearly six-fold. The Department believes this is a result of a combination of the continuous coverage policy and the expansion of emergency services to include COVID related services. As the public health emergency continues it is expected that this population will continue to grow, but once the emergency ends most of clients will be disenrolled and this population will revert to pre-pandemic levels.
- Growth has been extreme relative to the size of this population. The Department has revised the trend accordingly but expects the population to return to its historical average after the public health emergency.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

Non-Citizens- Emergency Services: Historical Caseload and Projections												
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change	Monthly Average Growth Actuals				
Jun-19	2,665	-	-	FY 2008-09	3,987	-	-	FY 2015-16 1st Half	(45)	-1.56%		
Jul-19	2,720	55	2.06%	FY 2009-10	3,693	-7.37%	(294)	FY 2015-16 2nd Half	3	0.14%		
Aug-19	2,531	(189)	-6.95%	FY 2010-11	3,213	-13.00%	(480)	FY 2015-16	(21)	-0.71%		
Sep-19	2,376	(155)	-6.12%	FY 2011-12	2,770	-13.79%	(443)	FY 2016-17 1st Half	(34)	-1.33%		
Oct-19	2,386	10	0.42%	FY 2012-13	2,684	-3.10%	(86)	FY 2016-17 2nd Half	85	3.43%		
Nov-19	2,274	(112)	-4.69%	FY 2013-14	2,481	-7.56%	(203)	FY 2016-17	26	1.05%		
Dec-19	2,219	(55)	-2.42%	FY 2014-15	2,722	9.71%	241	FY 2017-18 1st Half	(44)	-1.53%		
Jan-20	2,270	51	2.30%	FY 2015-16	2,649	-2.68%	(73)	FY 2017-18 2nd Half	26	0.96%		
Feb-20	2,249	(21)	-0.93%	FY 2016-17	2,640	-0.34%	(9)	FY 2017-18	(9)	-0.29%		
Mar-20	2,376	127	5.65%	FY 2017-18	2,809	6.40%	169	FY 2018-19 1st Half	(56)	-2.07%		
Apr-20	2,374	(2)	-0.08%	FY 2018-19	2,654	-5.52%	(155)	FY 2018-19 2nd Half	28	1.13%		
May-20	2,495	121	5.10%	FY 2019-20	2,417	-8.93%	(237)	FY 2018-19	(14)	-0.47%		
Jun-20	2,732	237	9.50%	FY 2020-21	7,016	190.28%	4,599	FY 2019-20 1st Half	(74)	-2.95%		
Jul-20	2,949	217	7.94%	FY 2021-22	13,509	92.55%	6,493	FY 2019-20 2nd Half	86	3.59%		
Aug-20	3,203	254	8.61%	FY 2022-23	5,287	-60.86%	(8,222)	FY 2019-20	6	0.32%		
Sep-20	3,861	658	20.54%	FY 2023-24	2,803	-46.98%	(2,484)	FY 2020-21 1st Half	646	16.41%		
Oct-20	5,442	1,581	40.95%					FY 2020-21 2nd Half	715	8.77%		
Nov-20	6,029	587	10.79%					FY 2020-21	681	12.59%		
Dec-20	6,610	581	9.64%									
Jan-21	7,272	662	10.02%									
Feb-21	8,559	1,287	17.70%									
Mar-21	9,169	610	7.13%									
Apr-21	9,808	639	6.97%									
May-21	10,396	588	6.00%									
Jun-21	10,898	502	4.83%									

February 2021 Forecast			
Forecasted June 2021 Level			9,298

Base trend from June 2021 level			
FY 2021-22	10,898	55.33%	3,882

February 2021 Projection			
FY 2019-20	2,417	-8.93%	(237)
FY 2020-21	6,448	166.78%	4,031
FY 2021-22	8,895	37.95%	2,447
FY 2022-23	3,782	-57.48%	(5,113)

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	378	447	3.70%	3.74%
FY 2021-22 2nd Half	(1,309)	245	-17.04%	1.73%
FY 2021-22	(466)	346	-6.67%	2.73%
FY 2022-23 1st Half	11	(2,058)	0.30%	-24.16%
FY 2022-23 2nd Half	11	8	0.30%	0.30%
FY 2022-23	11	(1,025)	0.30%	-11.93%
FY 2023-24 1st Half		8		0.30%
FY 2023-24 2nd Half		8		0.30%
FY 2023-24		8		0.30%

Partial Dual Eligibles

Medicare-eligible beneficiaries who have incomes at a certain federal poverty level and limited resources may qualify to have Medicaid cover some of their out-of-pocket expenses, such as their Medicare Part B premiums and other coinsurance and deductibles. The two groups of clients that qualify for this cost-sharing program are Qualified Medicare Beneficiaries and Special Low Income Medicare Beneficiaries. This group, formerly known as Qualified Medicare Beneficiaries/Special Low Income Medicare Beneficiaries, is now collectively known as Partial Dual Eligibles. Qualified Medicare Beneficiaries have incomes at or below 100% of the federal poverty level, and resources twice the standard allowed under the federal Supplemental Security Income program. These clients receive hospital insurance and supplementary medical insurance premium coverage along with Medicare coinsurance and deductibles. Special Low Income Medicare Beneficiaries have incomes greater than 100% of the federal poverty level, but less than 120%. For Special Low Income Medicare Beneficiaries, Medicaid only pays the supplementary medical insurance premiums.

25.5-5-101 (1), C.R.S.

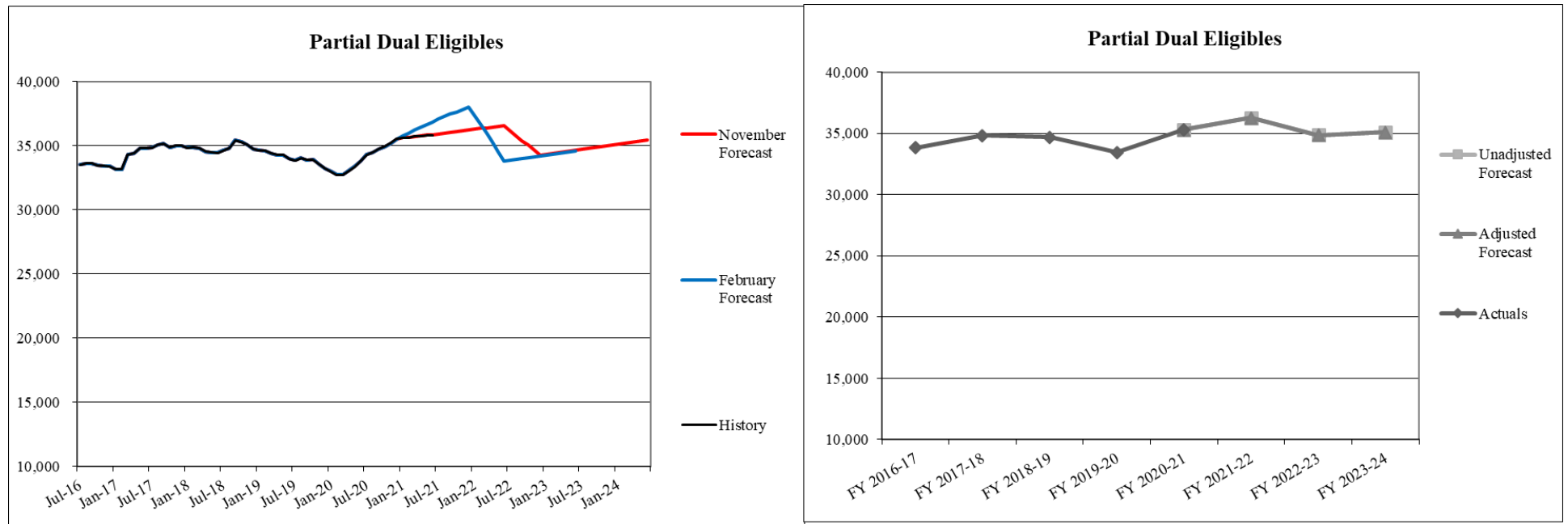
(1) Individuals with income and resources at a level which qualifies them as Medicare-eligible under section 301 of Title III of the federal "Medicare Catastrophic Coverage Act".

25.5-5-104, C.R.S.

Qualified Medicare beneficiaries are Medicare-eligible individuals with income and resources at a level which qualifies them as eligible under section 301 of Title III of the federal "Medicare Catastrophic Coverage Act of 1988", as amended, or subsequent amending federal legislation.

25.5-5-105, C.R.S.

Qualified disabled and working individuals are persons with income and resources and disability status, as determined by the social security administration, which qualify them as "qualified disabled and working individuals" under sections 6012 and 6408 of the federal "Omnibus Budget Reconciliation Act of 1989", or subsequent amending federal legislation. The state department is hereby designated as the single state agency to administer benefits available to qualified disabled and working individuals. Such benefits are limited to Medicare cost-sharing expenses as determined by the federal government.

Partial Dual Eligibles: Model Results

Partial Dual Eligibles: Model Results ¹						
FY 2021-22	FY 2019-20	FY 2020-21	Projected Growth Rate	Projected FY 2021-22 Caseload	Level Change	Average Monthly Change ²
COVID Model	33,441	35,302	2.71%	36,260	958	61
FY 2022-23	FY 2020-21	Projected FY 2021-22 Caseload	Projected Growth Rate	Projected FY 2022-23 Caseload	Level Change	Average Monthly Change ²
COVID Model	35,302	36,260	-3.85%	34,864	(1,396)	(157)
FY 2023-24	Projected FY 2021-22 Caseload	Projected FY 2022-23 Caseload	Projected Growth Rate	Projected FY 2023-24 Caseload	Level Change	Average Monthly Change ²
COVID Model	36,260	34,864	0.67%	35,099	235	67

¹ Bold denotes Trend Selection² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Partial Dual Eligibles: Trend Selections

FY 2021-22: 2.71%

FY 2022-23: -3.85%

FY 2023-24: 0.67%

Partial Dual Eligibles: Justification

- In FY 2019-20 before the COVID-19 pandemic, this population has experienced no growth on average. However, since the beginning of the pandemic this population has experienced rapid growth. The Department is expecting that the end of the continuous coverage policy will result in a modest reduction in caseload for this population based on the Departments analysis of clients affected by the continuous coverage policy. The Department is forecasting a modest positive trend with population based off of the strong growth in recent actuals and the expectation that the share of Colorado's population over 65 will continue to increase.
- The recent 6 months have seen consistent growth that is on track with what was previously forecasted. The forecast for FY 2022-23 and FY 2023-24 is still expected to be closer to the pre-pandemic actuals and has been maintained from the previous forecast.
- These clients have higher income than Adults 65 and Older or Disabled Adults 60 to 64 and are relatively healthy. Given increased life expectancy, more people are living healthier longer, which would support strong growth rates in this population. In addition, this population may be affected by the "baby boomers", defined by the U.S. Census Bureau as the generation born between 1946 and 1964, beginning in calendar year 2006.

FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

Partial Dual Eligibles: Historical Caseload and Projections												
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change		Monthly Average Growth Actuals			
Jun-19	33,999	-	-	FY 2008-09	15,075	-	-	FY 2015-16 1st Half	264	0.85%		
Jul-19	33,847	(152)	-0.45%	FY 2009-10	15,919	5.60%	844	FY 2015-16 2nd Half	278	0.87%		
Aug-19	34,059	212	0.63%	FY 2010-11	17,090	7.36%	1,171	FY 2015-16	271	0.86%		
Sep-19	33,890	(169)	-0.50%	FY 2011-12	18,871	10.42%	1,781	FY 2016-17 1st Half	(71)	-0.21%		
Oct-19	33,914	24	0.07%	FY 2012-13	21,206	12.37%	2,335	FY 2016-17 2nd Half	235	0.70%		
Nov-19	33,566	(348)	-1.03%	FY 2013-14	23,378	10.24%	2,172	FY 2016-17	82	0.25%		
Dec-19	33,218	(348)	-1.04%	FY 2014-15	28,045	19.96%	4,667	FY 2017-18 1st Half	34	0.10%		
Jan-20	33,011	(207)	-0.62%	FY 2015-16	32,585	16.19%	4,540	FY 2017-18 2nd Half	(93)	-0.27%		
Feb-20	32,739	(272)	-0.82%	FY 2016-17	33,809	3.76%	1,224	FY 2017-18	(30)	-0.08%		
Mar-20	32,749	10	0.03%	FY 2017-18	34,828	3.01%	1,019	FY 2018-19 1st Half	47	0.14%		
Apr-20	33,080	331	1.01%	FY 2018-19	34,687	-0.41%	(141)	FY 2018-19 2nd Half	(122)	-0.35%		
May-20	33,409	329	0.99%	FY 2019-20	33,441	-3.59%	(1,246)	FY 2018-19	(37)	-0.11%		
Jun-20	33,815	406	1.22%	FY 2020-21	35,302	5.57%	1,861	FY 2019-20 1st Half	(130)	-0.38%		
Jul-20	34,313	498	1.47%	FY 2021-22	36,260	2.71%	958	FY 2019-20 2nd Half	100	0.30%		
Aug-20	34,486	173	0.50%	FY 2022-23	34,864	-3.85%	(1,396)	FY 2019-20	(15)	-0.04%		
Sep-20	34,759	273	0.79%	FY 2023-24	35,099	0.67%	235	FY 2020-21 1st Half	284	0.82%		
Oct-20	34,951	192	0.55%					FY 2020-21 2nd Half	52	0.15%		
Nov-20	35,190	239	0.68%					FY 2020-21	168	0.48%		
Dec-20	35,518	328	0.93%									
Jan-21	35,647	129	0.36%									
Feb-21	35,620	(27)	-0.08%									
Mar-21	35,716	96	0.27%									
Apr-21	35,764	48	0.13%									
May-21	35,833	69	0.19%									
Jun-21	35,828	(5)	-0.01%									

February 2021 Forecast			
Forecasted June 2021 Level		36,865	

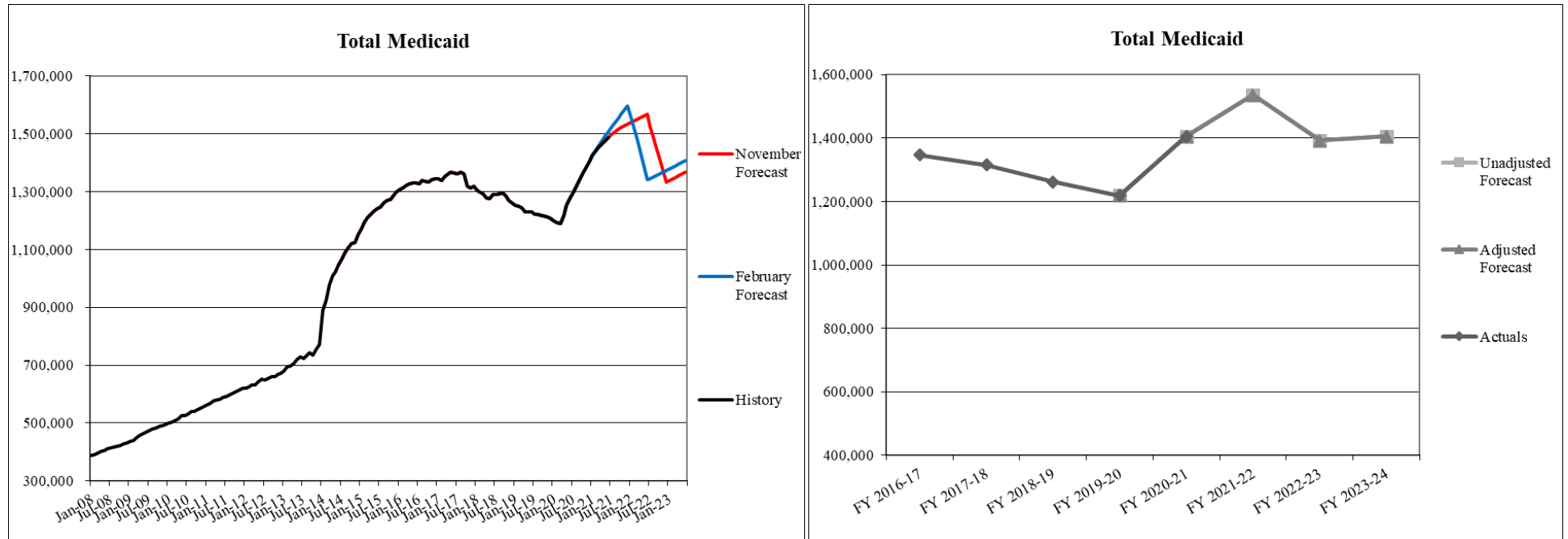
Base trend from June 2021 level			
FY 2021-22	35,828	1.49%	526

February 2021 Projection			
FY 2019-20	33,441	-3.59%	(1,246)
FY 2020-21	35,534	6.26%	2,093
FY 2021-22	36,582	2.95%	1,048
FY 2022-23	34,208	-6.49%	(2,374)

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	133	69	0.51%	0.19%
FY 2021-22 2nd Half	146	52	-1.94%	0.14%
FY 2021-22	140	61	-0.72%	0.17%
FY 2022-23 1st Half	150	(380)	0.19%	-1.07%
FY 2022-23 2nd Half	153	65	0.19%	0.19%
FY 2022-23	152	(157)	0.19%	-0.44%
FY 2023-24 1st Half		66		0.19%
FY 2023-24 2nd Half		67		0.19%
FY 2023-24		67		0.19%

TOTAL MEDICAID SUMMARY

Overall Medicaid caseload has increased due to the continuous coverage policy, and the Department expects growth to continue in a similar manner as long as the policy is in effect. After the public health emergency period ends the Department expects that there will be more caseload growth as the economy continues to recover from the recession caused by the pandemic.



FY 2022-23 BUDGET REQUEST: CASELOAD NARRATIVE

Total Medicaid: Historical Caseload and Projections														
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change					Monthly Average Growth Actuals		
Jun-19	1,229,339	-	-	FY 2008-09	436,812	-	-					FY 2015-16 1st Half	9,488	0.75%
Jul-19	1,221,552	(7,787)	-0.63%	FY 2009-10	498,797	14.19%	61,985					FY 2015-16 2nd Half	5,436	0.41%
Aug-19	1,220,549	(1,003)	-0.08%	FY 2010-11	560,759	12.42%	61,962					FY 2015-16	7,462	0.58%
Sep-19	1,219,429	(1,120)	-0.09%	FY 2011-12	619,963	10.56%	59,204					FY 2016-17 1st Half	2,121	0.16%
Oct-19	1,216,214	(3,215)	-0.26%	FY 2012-13	682,994	10.17%	63,031					FY 2016-17 2nd Half	3,706	0.28%
Nov-19	1,213,074	(3,140)	-0.26%	FY 2013-14	860,957	26.06%	177,963					FY 2016-17	2,914	0.22%
Dec-19	1,207,566	(5,508)	-0.45%	FY 2014-15	1,161,157	34.87%	300,200					FY 2017-18 1st Half	(7,934)	-0.58%
Jan-20	1,198,332	(9,234)	-0.76%	FY 2015-16	1,296,986	11.70%	135,829					FY 2017-18 2nd Half	(4,427)	-0.34%
Feb-20	1,193,435	(4,897)	-0.41%	FY 2016-17	1,346,114	3.79%	49,128					FY 2017-18	(6,181)	-0.46%
Mar-20	1,189,613	(3,822)	-0.32%	FY 2017-18	1,315,217	-2.30%	(30,897)					FY 2018-19 1st Half	(4,913)	-0.38%
Apr-20	1,219,436	29,823	2.51%	FY 2018-19	1,261,365	-4.09%	(53,852)					FY 2018-19 2nd Half	(5,493)	-0.44%
May-20	1,254,304	34,868	2.86%	FY 2019-20	1,219,245	-3.34%	(42,120)					FY 2018-19	(5,203)	-0.41%
Jun-20	1,277,431	23,127	1.84%	FY 2020-21	1,404,955	15.23%	185,710					FY 2019-20 1st Half	(3,629)	-0.30%
Jul-20	1,297,507	20,076	1.57%	FY 2021-22	1,535,699	9.31%	130,744					FY 2019-20 2nd Half	11,644	0.95%
Aug-20	1,320,467	22,960	1.77%	FY 2022-23	1,392,817	-9.30%	(142,882)					FY 2019-20	4,008	0.33%
Sep-20	1,340,894	20,427	1.55%	FY 2023-24	1,405,016	0.88%	12,199					FY 2020-21 1st Half	21,148	1.59%
Oct-20	1,365,349	24,455	1.82%									FY 2020-21 2nd Half	14,011	0.97%
Nov-20	1,384,317	18,968	1.39%									FY 2020-21	17,580	1.28%
Dec-20	1,404,321	20,004	1.45%											
Jan-21	1,424,251	19,930	1.42%											
Feb-21	1,439,006	14,755	1.04%											
Mar-21	1,453,035	14,029	0.97%											
Apr-21	1,465,263	12,228	0.84%											
May-21	1,477,219	11,956	0.82%											
Jun-21	1,488,388	11,169	0.76%											
February 2021 Forecast														
Forecasted June 2021 Level			1,508,683											
Base trend from June 2021 level														
FY 2021-22	1,488,388	5.94%	83,433											

Actuals			
	Monthly Change	% Change	
6-month average	14,011	0.97%	
12-month average	17,580	1.28%	
18-month average	15,601	1.17%	
24-month average	10,794	0.81%	

February 2021 Projection Before Adjustments			
FY 2019-20	1,219,245	-3.34%	(42,120)
FY 2020-21	1,409,240	15.58%	189,995
FY 2021-22	1,507,410	6.97%	98,170
FY 2022-23	1,376,791	-8.67%	(130,619)

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	11,458	7,659	0.84%	0.51%
FY 2021-22 2nd Half	11,424	5,487	0.80%	0.35%
FY 2021-22	11,441	6,573	0.82%	0.43%
FY 2022-23 1st Half	11,538	(38,750)	0.77%	-2.64%
FY 2022-23 2nd Half	12,264	5,519	0.78%	0.41%
FY 2022-23	11,901	(16,616)	0.78%	-1.12%
FY 2023-24 1st Half		5,681		0.41%
FY 2023-24 2nd Half		5,849		0.41%
FY 2023-24		5,765		0.41%

Actuals		
	Monthly Change	% Change
6-month average	14,011	0.97%
12-month average	17,580	1.28%
18-month average	15,601	1.17%
24-month average	10,794	0.81%

February 2021 Projection Before Adjustments			
FY 2019-20	1,219,245	-3.34%	(42,120)
FY 2020-21	1,409,240	15.58%	189,995
FY 2021-22	1,507,410	6.97%	98,170
FY 2022-23	1,376,791	-8.67%	(130,619)

Monthly Average Growth Comparisons				
Request	Monthly Change		Percent Change	
	S-1	R-1	S-1	R-1
FY 2021-22 1st Half	11,458	7,659	0.84%	0.51%
FY 2021-22 2nd Half	11,424	5,487	0.80%	0.35%
FY 2021-22	11,441	6,573	0.82%	0.43%
FY 2022-23 1st Half	11,538	(38,750)	0.77%	-2.64%
FY 2022-23 2nd Half	12,264	5,519	0.78%	0.41%
FY 2022-23	11,901	(16,616)	0.78%	-1.12%
FY 2023-24 1st Half		5,681		0.41%
FY 2023-24 2nd Half		5,849		0.41%
FY 2023-24		5,765		0.41%